Government of Saskatchewan

Annual Report 1985-86

Saskatchewan Hospital Services Plan

April 1, 1985 to
March 31, 1986

E. H. Wright
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ISSN 0382-3725

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Highlights for 1985-86

Mr. E. H. Wright was appointed Executive Director.

Mr. E. Dick was appointed Associate Executive Director.

Mr. H. Parslow was appointed Director, Hospital Services Division.

A Perinatal Intensive Care Unit was established at the Regina General Hospital to serve the Southern half of the Province.

Supplemental funding was provided to Saskatoon hospitals to control surgical waiting lists.

Construction contracts were awarded for Integrated Facility projects at Lampman, Rose Valley, Lucky Lake, Nokomis, Rabbit Lake and Goodsoil.

Construction began on the Wascana Rehabilitation Centre which is a $50 million project.

Package 3 at Regina General Hospital with an estimated value of $30 million commenced construction.

Work was completed on Package 3, Pasqua Hospital, Regina estimated at $22 million.

Saskatoon City Hospital was given approval to plan for a new $100 million hospital.

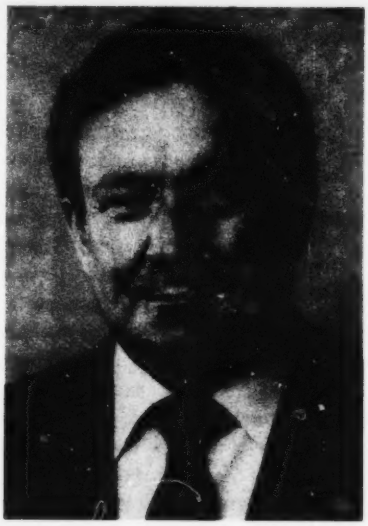
St. Paul's Hospital, Saskatoon began a major expansion project estimated at $52.7 million.

Melfort Union Hospital completed a major expansion.

Nipawin neared the completion of a new 70 bed hospital.

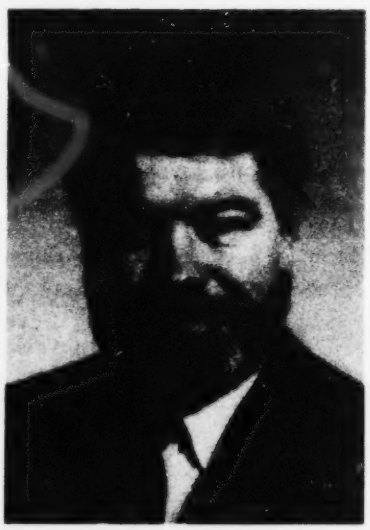
Yorkton Union Hospital is undergoing a major expansion project.

Construction began on new hospitals at Lloydminster and Maidstone, and planning and design work was underway for replacement hospitals at Watrous, Hudson Bay and Watson.



Graham Taylor
Minister of Health

Walter Podiluk
Deputy Minister of Health



E. H. Wright
Executive Director
Saskatchewan Hospital Services Plan

Saskatchewan

Minister of Health

Legislative Building
Regina, Canada
S4S 0B3

To The Honourable Frederick W. Johnson,
Lieutenant Governor of Saskatchewan

May it Please Your Honour:

I have the honour to present the annual report of the Saskatchewan Hospital Services Plan for the fiscal year ended March 31, 1986.

Respectfully submitted,

Graham Taylor,
Minister of Health.

Saskatchewan

Saskatchewan Health — Deputy Minister

3475 Albert Street
Regina, Canada
S4S 6X6

To The Honourable Graham Taylor,
Minister of Health

Sir:

I am pleased to present the annual report of the Saskatchewan Hospital Services Plan for the fiscal year ended March 31, 1986.

Respectfully submitted,

Walter Podiluk,
Deputy Minister of Health.

Organization Structure

The Plan's Organizational Structure at year end is shown in the accompanying organization chart.

Reporting relationships were altered as shown in the accompanying chart. Personnel and Organizational changes effected in 1985-86 were: Mr. E. H. Wright, was appointed Executive Director, Mr. E. Dick, Associate Executive Director and Mr. H. Parslow, Director, Hospital Services Division.

The main responsibilities of the various units within the Plan are as follows:

Hospital Services is responsible for program planning and, through the hospital administration analysts, for the review and allocation of operating funds to all acute care hospitals in the province. The hospital administration analysts are also responsible for liaison with hospitals which are allocated to them on the basis of comparable size and function. The Extended Care Services Unit within the Division serves as the primary liaison between the Plan and extended care (level 4) hospital units, as well as the Continuing Care Branch, Saskatchewan Health, in matters relating to long-term care services.

Finance is responsible for the financial planning and control of the Plan's program budget, management of the Saskatchewan Hospitalization Fund, and the administration of The Hospital Revenue Act. This unit is also responsible for the analysis of financial statements and budgets submitted by the various health care facilities in the province.

Hospital Standards is responsible for maintenance of adequate standards in hospitals. This program is carried out through visits to hospitals by standards consultants in the areas of nursing, laboratory, dietary, physical therapy and health records. Consulting services in pharmacy and radiology are also available to the Plan.

Community Health Services is responsible for program planning for the province's community clinics, community health and social centres and private practice physical therapy facilities under contract to the Minister of Health. This unit is responsible for the budget review and allocation of funds to these facilities, and to the Saskatchewan Cancer Foundation.

Administrative Services provides general administration services to the Plan, in addition to being responsible for the personnel and procurement functions. This unit also administers provisions of The Union Hospital Act.

Facilities Planning and Construction is responsible for planning assistance, the review and approval of construction projects, and for the subsequent provision of financial grants to hospitals with approved capital projects.

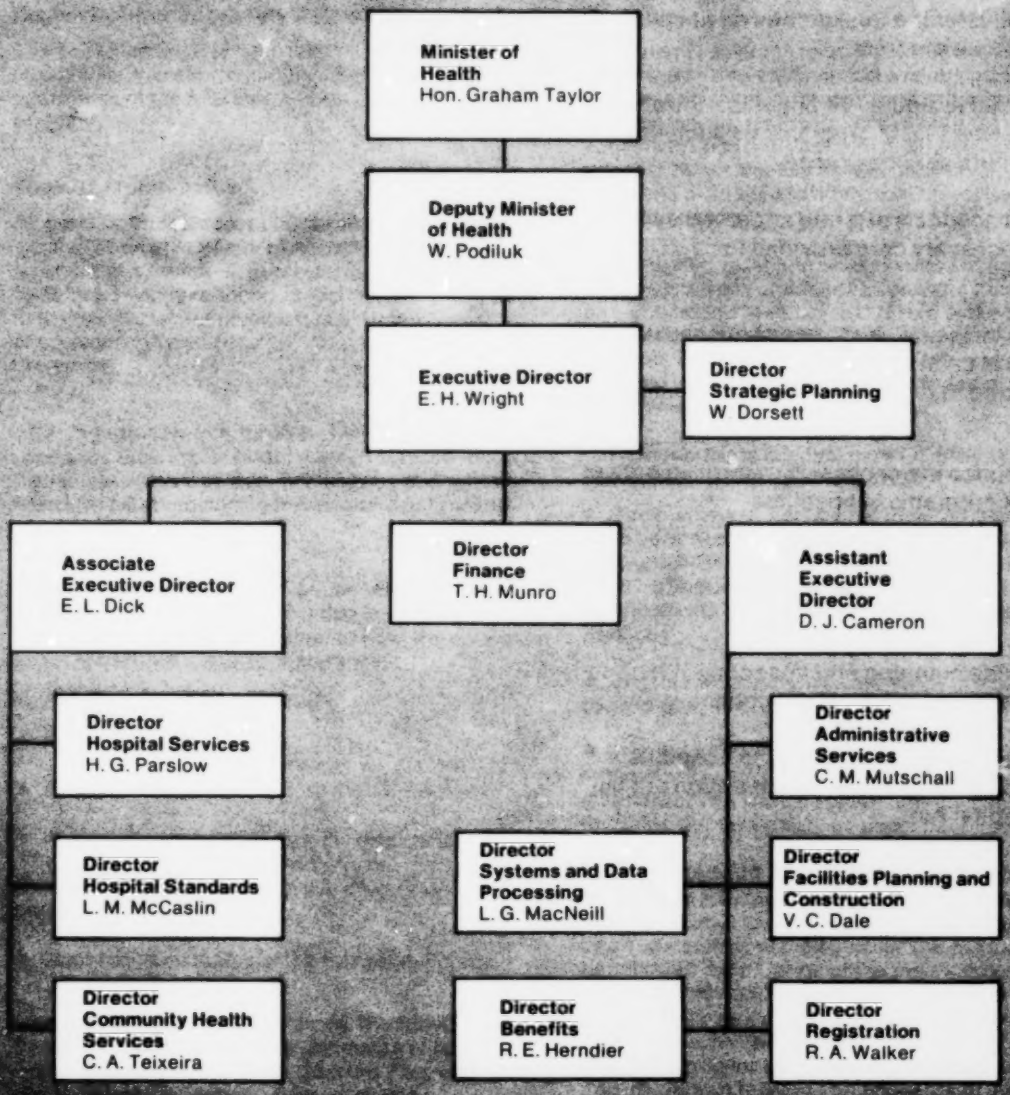
Systems and Data Processing is responsible for systems design and analysis carried out in the plan. This unit assists the Plan and various branches of the Department in meeting their responsibilities through an extensive information management system. The systems and data processing unit also provides services to other government departments and agencies.

Registration is responsible for determining those persons who are residents of Saskatchewan and entitled to be registered as beneficiaries under The Saskatchewan Hospitalization Act. Eligibility information and registration assistance is provided to residents applying for health care insurance through central and regional offices located in the larger cities. This unit receives and processes applications containing information required to establish and maintain the Saskatchewan Health Insurance Registration File. Saskatchewan health services beneficiary identification cards are produced from this computer base registration file for distribution to residents of the province. All patient claims for health services are eligibility checked to this registration file in the administration of Saskatchewan Health Plans.

Benefits is responsible for processing all reports of separations from Saskatchewan hospitals and payments for services provided to Saskatchewan residents by out of province hospitals. This unit also processes payments for claims submitted by private physical therapy and osteopathy facilities which have entered into an agreement with Saskatchewan Health to provide services under the Plan and administers the third party liability recovery program.

The services of a medical consultant are available to the Plan upon request, and assistance is also obtained from the Policy Research and Management Services Branch of Saskatchewan Health in carrying out research and development activities.

Organization Chart



Objectives and Responsibilities of the Plan

- To administer the Saskatchewan hospital care insurance program.

- To register residents as beneficiaries of Saskatchewan health programs through the issue of health services cards.

- To fund hospitals at a rate approved by the Plan for necessary care provided to beneficiaries.

- To ensure the maintenance of minimum standards of safety and patient care in hospitals and to provide a limited consulting service.

- To authorize the expansion, improvement or addition of programs in hospitals.

- To fund other approved facilities and programs for insured services provided to beneficiaries.

- To provide planning and financial assistance for hospital construction.

- To provide advisory services to hospitals and municipalities in the administration of The Union Hospital Act.

- To administer the provisions of The Hospital Revenue Act.

Registration Eligibility and Benefits

Legislative and Regulatory Authority

The Saskatchewan Hospitalization Act and regulations thereunder provide authority for the operations of the province's hospital care insurance program.

Eligibility for Benefits

All permanent residents of Saskatchewan are entitled to receive health service benefits without the payment of a premium. Every permanent resident of Saskatchewan is required to register and participate in the provincial hospital care plan unless benefits are provided under other provincial or federal programs.

After registration with the Plan, benefits for new residents entering Saskatchewan from other parts of Canada are provided from the first day of the third calendar month following the date of establishing residence in the province.

After registration with the Plan, benefits for new residents (see list below) entering Saskatchewan from outside Canada are provided from the date they establish residence in Saskatchewan:

- returning Canadian citizens.
- returning residents.
- landed immigrants.
- non-immigrants which include members of religious orders in Canada to carry out their duties, students, or persons engaged in a legitimate trade, profession or occupation.
- discharged members of the Canadian Forces.

Members of the Canadian Forces, the Royal Canadian Mounted Police and inmates of federal penitentiaries are excluded from the Plan since they receive benefits under federal programs.

Beneficiaries of the Plan who leave the province to reside elsewhere are provided benefits only for the month during which they establish permanent residence elsewhere plus the next two full months.

Permanent residents remain insured during their absence provided they spend a minimum of four months each year in the province. In certain circumstances, residents remain insured while absent for up to one year provided they intend to return to live in Saskatchewan. In such cases residents are asked to notify the Plan of departure and return dates.

Persons who enter into employment contracts for work outside of Canada not exceeding 24 months and who intend to return and reside in the province, may upon presenting the Saskatchewan Hospital Services Plan with a copy of the work contract, be eligible for benefits for the entire period of their employment.

Certain residents become beneficiaries as a result of other provincial programs such as:

- Saskatchewan Assistance Plan recipients who have been nominated for health services benefits for the period during which the nomination is effective.
- children in the care of the Minister of Social Services.
- inmates while serving a sentence in a provincial correctional institution.
- inpatients in mental hospitals and persons involuntarily admitted to psychiatric wards within the meaning of The Mental Health Services Act when requiring the services of an acute care hospital.
- Saskatchewan students who leave the province for full time attendance at an educational institution and who intend to return to reside in Saskatchewan upon completion of their studies are eligible for benefits for the duration of the their studies outside of Saskatchewan. A statement certified by the school or university verifying the student's attendance is required each year. Similarly, residents of other Canadian provinces or territories who enter Saskatchewan to attend an educational institution are not eligible to register with the Saskatchewan Plan. Such persons must maintain health registration in their home province. This policy is followed as a result of a federal-provincial agreement respecting eligibility and portability of hospital and medical care insurance benefits for all Canadian residents.

Registration for Benefits

Applications and assistance in registering are available from the Saskatchewan Hospital Services Plan, Regina, in most city, town, village and rural municipal offices; and from the Saskatchewan Hospital Services Plan regional offices located in Saskatoon, Prince Albert, North Battleford, Yorkton and Swift Current. Health services cards are issued to registered residents at the following times: on application; annually effective January 1 of each year; and when the Plan is advised of a change in the information recorded on the card, such as family composition, date of birth, or address.

The Plan provides benefits for a limited period of time for persons who establish residence outside Saskatchewan. This coverage is provided to the end of the last day of the second calendar month following the month in which residence was established outside Saskatchewan. Payments will be made on the same basis as those made for beneficiaries temporarily absent from the province who obtain hospital services in other provinces or territories of Canada or outside Canada.

Benefits

Benefits are available to beneficiaries without regard to age or pre-existing conditions.

In Saskatchewan, the Plan pays on behalf of inpatient beneficiaries, for most services which are normally provided by hospitals. The Plan also pays on behalf of outpatients for those services which the individual hospital is able to provide. This includes certain community health associations and community health and social centres. In addition, outpatient services provided by certain physical therapy and osteopathy facilities are paid for by the Plan, provided those facilities have entered into an agreement with Saskatchewan Health to provide insured services under the Plan.

In other provinces or territories of Canada the Plan provides to beneficiaries temporarily absent from the province, inpatient standard ward care at the per diem rate established by the provincial or territorial authority (described in the following section). The Plan also covers outpatient services provided by an approved hospital. The amount paid by the Plan will be 100 percent of the charge made for a similar outpatient service that is a benefit in Saskatchewan, less any applicable authorized hospital charge.

Beneficiaries temporarily absent from Saskatchewan are also entitled to payment for services received outside Canada. The services must be provided by an approved hospital.

Payment for inpatient services provided outside Canada by an approved hospital to a Saskatchewan beneficiary who is temporarily absent from Saskatchewan, is based on the average daily charge to a maximum equal to 100% of the average daily rate for Regina and Saskatoon hospitals in the preceeding year. For the period April 1, 1985 to March 31, 1986, the maximum rate payable was $294 per day.

Where the charges for hospital services received outside Canada are stated in United States currency, payment is made as though the charges had been stated in Canadian currency.

If a beneficiary is referred outside Canada by one of the Saskatchewan Health Agencies indicated below to obtain treatment not available in Saskatchewan, the Plan will pay all fair and reasonable charges, including exchange on U.S. currency. Payment is made only for insured hospital services received. Requests for approval of benefits for out of province referrals must be made by a Saskatchewan specialist physician to the Out-of-Province Committee of the Saskatchewan Medical Care Insurance Commission, the Saskatchewan Cancer Foundation or the Saskatchewan Alcohol and Drug Abuse Commission.

Outpatient services provided by an outpatient department of an approved hospital outside Canada are also covered by the Plan provided the services are a benefit within Saskatchewan. Accounts are normally paid by the Plan at the full amount charged by the hospital, less exchange on U.S. currency.

Hospital Authorized Charges

Authorized charges for inpatient or outpatient services imposed in the province of British Columbia are the responsibility of the patient when hospital services are received in that province.

Extended Care (Level 4) (Refer also to page 14 of this report)

Patients who have been assessed as requiring Level 4 care and who are occupying hospital beds within Saskatchewan hospitals are not eligible for benefits under The Saskatchewan Hospitalization Act. The patient is personally responsible for payment of a monthly charge assessed by Continuing Care, Saskatchewan Health.

The monthly charge is adjusted quarterly. The charge in effect at March 31, 1986 was $489 per month.

Extended care (Level 4) provided to Saskatchewan residents outside of Saskatchewan is not an insured service. The patient is personally responsible for the cost of Level 4 care provided by out-of-province facilities.

Non Benefits Under the Plan

The following services, materials or charges are not insured by the Plan:

- Extended Care (Level 4).

- inpatient and outpatient services provided for reasons other than medical necessity.

- the extra cost of private and semi-private ward accommodation provided when chosen by the patient, not ordered by a physician.

- the services of persons not employed by the hospital.

- care in a hospital or home providing custodial care only, or in a hospital or other institution primarily concerned with the care and treatment of patients having mental or nervous disorders.

- generally, hospital care involved with cosmetic surgery. However, in certain cases the Plan may provide benefits. The attending physician may obtain information by writing the Saskatchewan Medical Care Insurance Commission.

- certain drugs, biologicals and related preparations.

- outpatient services provided by facilities within Saskatchewan other than hospitals unless the facility has an agreement with Saskatchewan Health to provide insured services under the Plan.

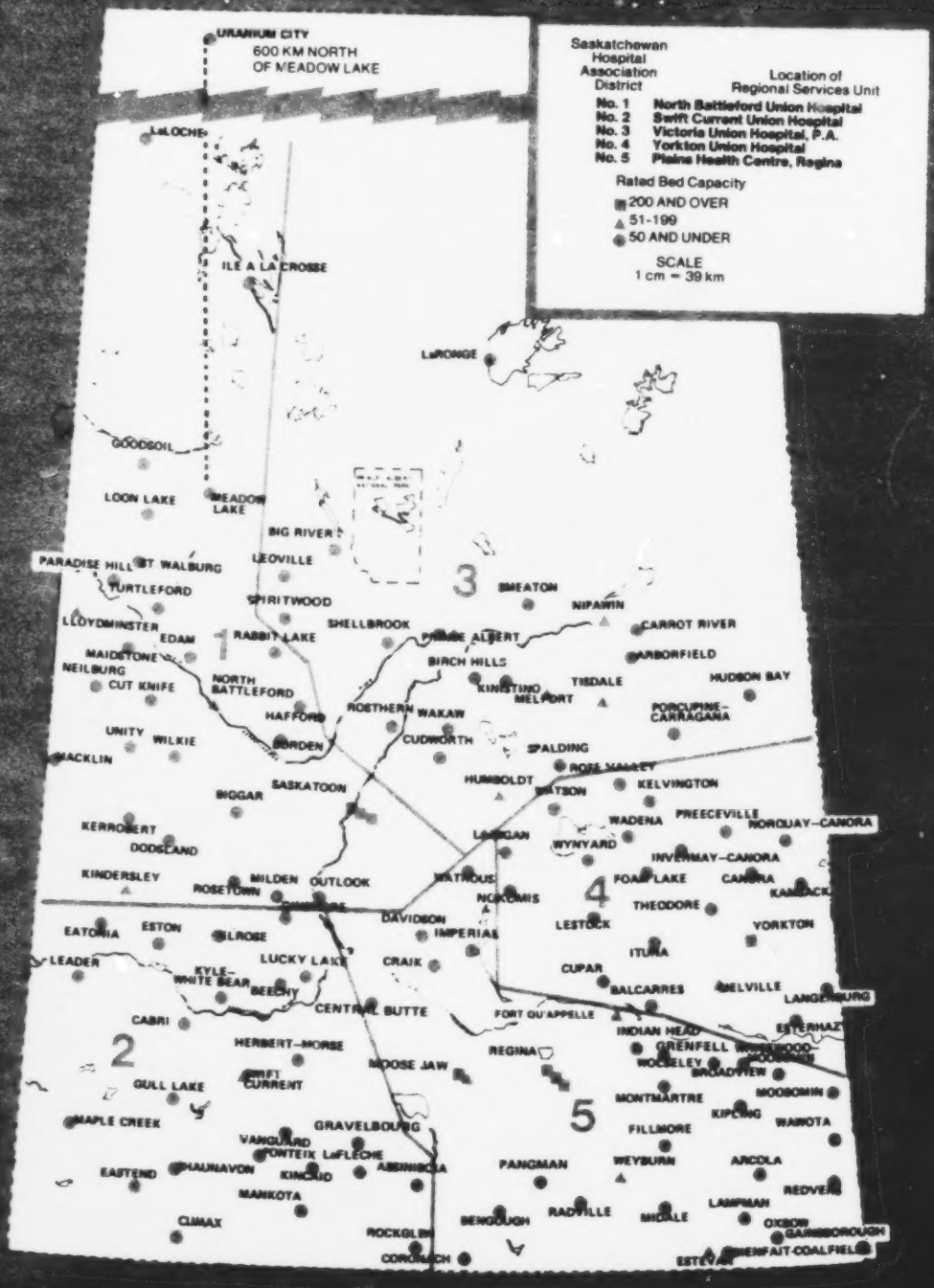
- services rendered by facilities outside Saskatchewan, which are not provided by departments of approved hospitals, e.g. physiotherapy provided by private physical therapists or services provided by a psychiatric facility.

- transportation costs (ambulance service), except between hospitals in the same city located in Saskatchewan.

- authorized hospital user charges (co-insurance) applied by British Columbia hospitals.

- services provided outside Canada for the treatment of cancer involving the use of cancer treatment drugs or procedures not approved in Canada.

- take home drugs and appliances.


URANIUM CITY
600 KM NORTH
OF MEADOW LAKE
Saskatchewan Hospital Association District
Location of Regional Services Unit
No. 1 North Battleford Union Hospital
No. 2 Swift Current Union Hospital
No. 3 Victoria Union Hospital, P.A.
No. 4 Yorkton Union Hospital
No. 5 Plains Health Centre, Regina
Rated Bed Capacity
200 AND OVER
51-199
50 AND UNDER
SCALE
1 cm = 39 km
LaLOCHE
ILE A LA CROSSE
LaRONGE
GOODSOIL
LOON LAKE
MEADOW LAKE
BIG RIVER
PARADISE HILL
ST WALBURG
LEOVILLE
TURTLEFORD
SPIRITWOOD
LLOYDMINSTER
EDAM
MAIDSTONE
NEILBURG
CUT KNIFE
RABBIT LAKE
NORTH BATTLEFORD
HAFFORD
UNITY
WILKIE
MACKLIN
BORDEN
BIGGAR
SASKATOON
KERROBERT
DODSLAND
KINDERSLEY
ROSETOWN
MILDEN
OUTLOOK
EATONIA
ESTON
LROSE
LEADER
KYLE-WHITE BEAR
BEECHY
LUCKY LAKE
CRAIK
CABRI
CENTRAL BUTTE
HERBERT-MORSE
SWIFT CURRENT
GULL LAKE
MAPLE CREEK
GRAVELBOURG
VANGUARD
FONTEIX
LaFLECHE
ABBEYDALE
EASTEND
SHAUNAVON
KINCAID
MANKOTA
CLIMAX
ROCKGLEN
CORONACH
SHELLBROOK
PRINCE ALBERT
BIRCH HILLS
KINISTINO
MELFORT
NIPAWIN
BREATON
CARROT RIVER
ARBORFIELD
TISDALE
HUDSON BAY
PORCUPINE-CARRAGANA
NORTHERN WAKAW
CUDWORTH
SPALDING
ROSE VALLEY
HUMBOLDT
WATSON
KELVINGTON
WADENA
PREECEVILLE
NORQUAY-CANORA
LANGHAM
WYNYARD
INVERMAY-CANORA
WATROUS
FOAM LAKE
CANORA
KAMSACK
NOKOMIS
THEODORE
DAVIDSON
IMPERIAL
LESTOCK
YORKTON
ITUNA
CUPAR
BALCARRES
MELVILLE
LANGENBURG
FORT QU'APPELLE
INDIAN HEAD
ESTERHAZY
REGINA
GRENFELL
WOLSELEY
BROADVIEW
MOOSE JAW
MONTMARTRE
MOOSOMIN
KIPLING
WAWOTA
FILLMORE
PANGMAN
WEYBURN
ARCOLA
REDVERS
BENGOUGH
RADVILLE
MIDALE
LAMPMAN
OXBOW
CARNDUFF
ESTEVAN
1
2
3
4
5

Hospital Services

General (Acute) Hospital Care

Legislative and Regulatory Authority

The Hospital Standards Act and regulations thereunder provide the authority for payment to approved hospitals and institutions for services provided to beneficiaries under The Saskatchewan Hospitalization Act.

Method of Payment

The Plan does not provide services to beneficiaries directly. The services which constitute benefits under The Saskatchewan Hospitalization Act are provided by hospitals and a limited number of other facilities. Section 6 of The Saskatchewan Hospitalization Act authorizes the Minister of Health to make payments to hospitals and other facilities providing necessary care to beneficiaries. Almost all hospital care provided by hospitals in Saskatchewan is to beneficiaries of the Plan.

The Plan does not pay hospital accounts for individual beneficiaries who require care. Instead, it pays what it considers to be the reasonable net operating costs to hospitals, that is, the total approved expenditures less revenue from sources other than the Plan. Hospitals supply the services insured by the Plan without charge to beneficiaries.

Semi-monthly payments are made to hospitals by the Plan on the basis of the estimated reasonable cost of providing insured services by each hospital in a fiscal year.

Three primary factors determine the amount paid to each hospital. They are:

- the types of services each hospital should provide.
- the volume of services each should provide.
- the total cost of efficiently providing these services.

The following is a brief description of how each of these factors is assessed by the Plan.

Types of Services

One of the basic objectives of the Plan is to promote the distribution of hospital facilities and services to the people of Saskatchewan as equitably and economically as possible. To accomplish this, the Plan evaluates each hospital in a geographic region to determine the services it is best able to provide, and to ensure that the proper complement of services is available to the people of the region.

The general hospitals in the province are divided into three broad groups according to the types and level of services they are qualified to provide.

District or community hospitals are usually smaller hospitals at which residents of a local area receive basic hospital services.

Regional hospitals provide basic hospital care to residents of their immediate vicinities. They also provide a wider range of services than district or community hospitals, act as referral centres for people from outside their immediate vicinity and assume a limited role in education.

The base hospitals are those located in Regina and Saskatoon. They serve as community hospitals for the population of their immediate areas. They also provide comprehensive hospital services, act as the major referral centres for the province and perform a major role in research and education. The Wascana hospital, a former division of The South Saskatchewan Hospital Centre in Regina, now known as The Wascana Rehabilitation Centre provides specialty service in physical and occupational rehabilitation.

Volume of Services

Another basic objective of the Plan is to assess the volume of services to be provided by each hospital. To accomplish this, a formula has been developed which is used to determine what the Plan considers to be a reasonable number of approved patient days to be provided by a hospital based on the population and composition of the population it serves.

The formula consists of the following calculations.

1. **Age-Sex Adjustment**

The Plan recognizes that the age and sex of the population of communities served by a particular hospital affects the volume of care, and so needs to be adjusted. By comparing the provincial average utilization by age and sex groupings, with the total average utilization in the province, a ratio for each sex and five-year age group can be calculated. By applying this ratio to the number of persons in each age-sex grouping of a given population (municipality, town, etc.) an age-sex adjusted population for each municipality is produced. If the provincial average utilization for a specific age-sex group is greater than the average for all ages and both sexes, then the ratio would be greater than one (1.0) and the adjusted population will exceed the actual number of persons in this age-sex group. Example:

Number of males in municipality Z in the age group 70-74 = 15

Provincial average utilization experience for all males age 70-74 = 4,800 days per 1,000 covered population.

Provincial average utilization experience for all persons = 1,600 days per 1,000 covered population.

Adjusted number of males in municipality Z in the age group of 70-74 = $\frac{4,800}{1,600}$ X 15 = 45.

2. **Population Served**

The age-sex adjusted population count for each municipality is then used to determine the population served by each hospital. For each municipality, the ratio of the number of residents discharged from a particular hospital, to the total number of discharges from all hospitals of persons from that municipality in a year, is determined. This ratio is then used to calculate the adjusted population "credit" for that hospital, and the sum of these credits for each municipality produces the population "served by" that hospital.

Example:

Number of discharges from hospital A of persons from municipality Z = 100

Number of discharges from all hospitals of residents of municipality Z = 300

Total adjusted population of municipality Z = 3,000

Ratio served by hospital A = 100 ÷ 300 = 1/3

Adjusted population credit for hospital A = 3,000 X 1/3 = 1,000.

This is repeated for each municipality in which persons discharged from hospital A reside. The sum of the number of persons served from each municipality is the population served by the hospital.

3. **Average Days of Stay Adjustment**

The population served requires a further adjustment since the average days of stay is not the same for all hospitals. Generally the large hospitals providing care for more complicated cases have a longer average days of stay than the small hospitals. Hospitals are therefore grouped by bed size, and the ratio of the average days of stay for hospitals in the group, to the average days of stay for all hospitals in the province, is calculated. The population served for a given hospital is then multiplied by the ratio for its group and so adjusted for length of stay.

Example:

If for the bed size group 10-24 beds, the average days of stay is 7.0 days and for all hospitals it is 7.9 days, then for each hospital in this group the population served is multiplied by the fraction 7.0 over 7.9, and is thus reduced to allow for the shorter than average days of stay experienced in hospitals in this bed size group.

4. **Determination of Approved Patient Days**

The population served, adjusted for average days of stay, is then multiplied by an approved beds per thousand population factor, to determine the approved patient days. This formula incorporates separate factors for Registered Indian and non-Indian population, to adjust for the high utilization rate experienced by Registered Indians.

Since July 1, 1976, the volume of inpatient services approved by the Plan for the non-Indian population has been based on the average 5.03 persons per thousand adjusted non-Indian population requiring hospital care per day. For the Registered Indian population, the formula assumes an average of 8.70 persons per thousand adjusted Indian population requiring hospital care per day.

An estimate of those patient days which are not the responsibility of the Plan but which are provided by the hospital, is added to establish the total number of approved patient days.

Example:

Assume a hospital served the following adjusted population (i.e. population adjusted for age-sex and average days of stay).

Non-Indian — 20,000
Indian — 2,000

Also assume the average days of stay to be 7.0, with the provincial average for all hospitals being 7.9 and non-SHSP days estimated at 500. The approved number of patient days would be calculated as follows;

$$\frac{(20,000 \times 5.03)}{1,000} + \frac{(2,000 \times 8.70)}{1,000} \times \frac{7.0}{7.9}$$

$$\times 365 + 500 = 38,606$$

or an average of 105.8 (38,606 ÷ 365) patients per day.

The number of patient days of care actually provided by a hospital may vary from the approved patient days determined by the application of the formula. The approved patient days, as determined by the application of the formula, represents the maximum volume that will be approved by the Plan. Where hospitals provide a lower volume, the actual experience is approved.

Cost of Providing the Services

The Plan determines the number of patient days approved for each hospital and advises the hospital of the number prior to the beginning of that budget year. Each hospital then submits an operating budget for the year based on this information.

The hospital may submit a supplementary budget for new services which it would like to provide in the coming year. If approved by the Plan additional funds will be provided for these services.

Each hospital budget is reviewed by the Plan on the basis of providing a reasonable level of funding for the volume and type of service the hospital is expected to provide.

The Plan's portion of the net approved expenditures less estimated income, is paid to each hospital in equal semi-monthly sums.

Global Budgeting

The global budget concept is one which allows the hospital flexibility in the allocation of the approved operating budget. It is intended to encourage hospitals to utilize their resources in an efficient and effective manner yet maintain acceptable standards of patient care.

When a hospital initially adopts the global budget system, the baseline (approved gross operating expenditures) is established on a line-by-line basis.

In subsequent years of the global budget cycle, the baseline (excluding line-by-line items) is increased by a composite percentage to provide for anticipated increases in the costs of hospital operation.

A year-end review is carried out by the Plan and adjustments are made for the line-by-line items, increases or decreases in incomes, and for significant increases or decreases in volumes of services.

Under a surplus sharing formula, hospitals are permitted to retain a certain amount of any operating surplus that may occur.

A global budget liaison committee consisting of representation from hospitals and the Plan has been established for the following purposes:

- to recommend policies and procedures as they relate to the global budget review system.
- to review and assess the application of the global budget review system.
- to provide an evaluation of the global budget review system.

1985-86 was the sixth year of the current global budget cycle.

As a general rule, the global budget system is mandatory for all base and regional hospitals. It is optional for all other hospitals. In 1985-86, 18 hospitals participated in the global budget system.

Major Activities and Development

Integrated Hospital — Special-Care Home Facilities

This new health initiative for integrated facilities introduced in October, 1984, provided for four pilot projects at Lampman, Lucky Lake, Rose Valley and Fillmore. The pilot program was expanded in the 5 Year Construction Plan announced by the Minister of Health on April 15, 1985, to provide for an additional 15 integrated facilities. The 5 Year Plan will provide for a total of 218 special care beds in integrated facilities.

Construction contracts were awarded in 1985/86 for projects at Lampman, Rose Valley, Lucky Lake, Nokomis, Rabbit Lake and Goodsoil (79 special care beds).

An integrated facility will provide acute and long term care services under one roof with a single administration and a common staffing arrangement. Such integrated facilities will be created through new construction or by adding special care beds to an existing small rural hospital.

Perinatology Program

A Perinatal Intensive Care Unit to care for high risk infants and their mothers prior to and during delivery has been established at Regina General Hospital to serve the southern half of the province.

Mobile Paediatric Assessment Clinic

A team of health professionals based at Regina Wascana Hospital has been established to visit surrounding communities and treatment centres to assess and treat handicapped children.

Waiting List Reduction Program

In 1985-86 supplemental funding was provided to Saskatoon hospitals to control surgical waiting lists.

Employees' Health Care Safety Program

This program is being funded through the Saskatchewan Health-Care Association to reduce the incidence and costs of injuries to employees working in Saskatchewan hospitals.

Minister's Advisory Committee on Rural Medical Practices

The Minister's Advisory Committee consists of representatives from the Saskatchewan Health-Care Association, the College of Medicine, the College of Physicians and Surgeons of Saskatchewan, the Saskatchewan Medical Association, the Saskatchewan Association of Health Care Executives, The Registered Nurses' Association, M.C.I.C. and S.H.S.P. The Committee was formed to examine major issues and factors affecting the provision of physician services in rural Saskatchewan and recommend changes necessary for improvement.

Extended Care

Definition

Extended care (Level 4) services involve the provision of patient care on a long-term continuing basis under medical supervision. Nursing care is provided under professional nursing supervision and highly skilled technical nursing services must be readily available.

There are three classifications of Level 4 care:

Level 4a: Specialized Supervisory Care — emphasizes the management of advanced mental deterioration with its attendant problems. Physical conditions requiring continuing medical supervision are likely to co-exist.

Level 4b: Supportive Care — emphasizes skilled nursing care and specialized techniques to arrest or retard physical deterioration.

Level 4c: Restorative Care — emphasizes a restorative program designed to improve functional ability to the extent that the patient may return to the home or to a facility providing a lesser level of care.

In 1985 there were 127,428 people or 12.26 percent of Saskatchewan residents over 65 years of age. Recent population projections indicate the over 65 year age group in Saskatchewan will continue to increase both as a percentage of the total population and in absolute numbers. The majority of Level 4 patients are in the 65 year and over age group.

Policy

Effective July 1, 1981, Saskatchewan Social Services assumed responsibility for the provision of extended care (Level 4) services through its Continuing Care Division. A decision was made to transfer this division to Saskatchewan Health effective April 1, 1983.

Level 4 beds are available in extended care facilities such as the Parkland Regional Care Centre at Melfort, Palliser Regional Care Centre at Swift Current, Souris Valley Regional Care Centre at Weyburn, Frank Eliason Centre and the Sanatorium at Saskatoon, Battlefords Regional Care Centre at North Battleford, all of which come under the jurisdiction of the Continuing Care Branch, Saskatchewan Health.

Regional extended care (Level 4) units are located in four Saskatchewan hospitals, namely the Yorkton Union, Prince Albert Victoria Union, Moose Jaw Providence and Wascana Hospital in Regina. Other designated units are identified in Table I.

Community hospitals, located in centres without a regional extended care hospital, have the option of allocating up to two beds for Level 4(b) services, with incremental funding provided by SHSP. These hospitals can also provide additional Level 4 services through conversion of approved Level 6 beds. As of March 31, 1986, 91 community hospitals allotted 184 beds for Level 4 care. There were an additional 338 Level 4 patients occupying acute care beds who were awaiting transfer to designated Level 4 beds.

Admission and Discharge Arrangements

Admission of patients to Level 4 beds, including the Level 4B beds in local community hospitals, is made through an admission and discharge committee established for each regional Level 4 facility. All applications originate from the patient's attending physician and if the assessment of the committee confirms the medical opinion of the patient's attending physician that he or she requires Level 4 care, then such care can be provided in an approved facility.

During 1984-1985, a number of communities began forming District Co-ordinating Committees (DCC's) which include representatives from agencies providing services to those requiring long-term care. It is expected that these committees will gradually assume responsibility for Level 4 assessment.

Level 4 Beds in Saskatchewan

The following table lists the Level 4 facilities and beds presently available within the province.

Table I
Extended Care (Level 4) Facilities
(as of March 31, 1986)

Area	Hospital	Number of beds
Regina*	Wascana, Regina General, Plains and Pasqua Hospitals	176
Saskatoon**	Frank Eliason Centre, the Sanatorium and University Hospital	209
Swift Current	Palliser Regional Care Centre	122
Melfort	Parkland Regional Care Centre	120
Prince Albert***	Victoria Union Hospital and Holy Family Hospital	99
Yorkton****	Yorkton Union Hospital; St. Peter's Hospital, Melville	70
Weyburn	Souris Valley Regional Care Centre	310
Moose Jaw	Providence Hospital	42
North Battleford	Battlefords Regional Care Centre	89
Community Hospitals		184
	Total Beds	1,421*****

* Includes 131 level 4 beds at Wascana, 25 at Regina General, and 20 at Pasqua.
** Includes 65 level 4 beds at the Sanatorium, 129 at the Frank Eliason Centre, and 15 at the University Hospital.
*** Includes 84 level 4 beds at Prince Albert Victoria and 15 at Holy Family.
**** Includes 60 level 4 beds at Yorkton Union and 10 at St. Peter's, Melville.
***** Does not include level 4 patients occupying acute care beds.

Hospital Standards

Legislative and Regulatory Authority

The Hospital Standards Act is the primary legislation which governs the standards of patient care provided by Saskatchewan hospitals.

The Act includes a section which provides the authority for the inspection of hospitals to ensure that minimum standards of patient care and safety are maintained in their operation, maintenance and management.

Regulations under the Act establish specific requirements in the areas of:

- hospital management and administration
- physical facilities
- patient care services:
  - nursing
  - radiology
  - laboratory
  - physiotherapy
  - pharmacy
- support services:
  - dietetics
  - maintenance
  - housekeeping
- health records:
  - compilation
  - retention
  - confidentiality
- medical and dental staff:
  - organization
  - surgical
  - anaesthesia
  - maternal
  - newborn
- special services:
  - disaster and fire plans
  - infection control
  - waste disposal
- other matters affecting hospitals.

Standards of Patient Care

The hospital standards division of the Plan has a major responsibility for ensuring the maintenance of acceptable standards of safety and patient care by hospitals. The division employs consultants with special training and expertise in the disciplines of nursing, deitetics, health records, laboratory and physiotherapy. In addition, technical assistance in medicine, pharmacy and radiology is provided. The consultants visit hospitals on a routine basis to ensure that acceptable standards of safety and patient care are maintained in the entire spectrum of hospital services. Special attention is paid to quality and safety of hospital services provided to patients, in compliance with existing legislation, bylaws and professional practices and techniques.

Additional responsibilities of the hospital standards consultants include:

- provision of consulting service to hospitals
- internal consulting services to other divisions of the Plan
- special projects or studies
- liaison with professional organizations and health care agencies.

Inspections relating to maintenance of fire safety standards in hospitals are carried out by inspectors from the Provincial Fire Commissioner's Office. The Occupational Health and Safety Branch of The Department of Labour administers programs concerned with the health and safety of employees in hospitals. Health inspectors make annual visits to review hospital sanitation practices. In all cases, each area of hospital operation is reviewed by those individuals who are most qualified and competent to do so.

Further influence on the standard of hospital management is effected through a periodic review of the general and medical staff bylaws of hospitals by the Plan's staff. In addition, hospitals must have documented formal procedures for the implementation of disaster plans and fire drills. These plans must be reviewed annually and exercised in accordance with The Hospital Standards Act.

Although the overall responsibility for processing construction projects rests with the Plan's Facilities Planning and Construction Division, hospital standards consultants and hospital administration analysts review and assess proposals for all hospital renovations or new construction projects. Such reviews are undertaken to ensure that the physical facilities are adequate for providing a suitable level of service with respect to function, safety and efficiency of operation.

Facilities Planning and Construction

Legislative and Regulatory Authority

Regulations under The Hospital Standards Act state that no building shall be constructed or acquired for hospital purposes and no hospital shall be altered by enlarging or remodelling until prior approval has been obtained from the Minister of Health.

The Health Services Act empowers the Minister of Health to make grants, subsidies or loans to local governing authorities, hospital boards and health regions for the provision and operation of health services or public health services.

Responsibility

The Plan is the agency responsible for reviewing all proposals submitted for hospital construction projects, and for administering a program of financial assistance in the form of provincial construction grants. The Plan also provides information and advice to health care organizations, hospital boards and other government agencies on matters related to planning, finance and the development of hospital facilities in Saskatchewan.

Provincial Construction Funding

Provincial funding assistance is provided to help finance the cost of approved hospital construction and renovation projects costing in excess of $10,000. Projects costing less than $10,000 are not eligible for funding assistance except where desirable operating efficiencies can be achieved and a saving in operating costs would result.

The funding formula for hospital construction is scaled according to the function of the hospital. Public general hospitals in the province are categorized as base, regional and community by function, and are eligible to receive construction grant assistance in the following percentages:

- Base Hospital — 100% of approved capital budget.
- Regional Hospital — 70% of approved capital budget.
- Large Community Hospital (50 or more ADC) — 60% of approved capital budget.
- Small Community Hospital (up to 50 ADC) — 50% of approved capital budget.

Under certain circumstances it is possible for hospitals engaged in major construction to qualify for additional funding, known as the Cost Protection Grant to supplement the Basic Provincial Funding mentioned earlier. The new policy recognizes that while construction costs are similar from one district to another, local ability to pay is governed by the current equalized assessment. Consequently, eligibility for the new Cost Protection Funds will occur when, after calculating the Basic Provincial Funding, and after adding grants from federal or other provincial government agencies or crown corporations, the hospital's principal portion remaining exceeds an amount equivalent to five mills over a period of 10 years.

In essence, approved costs over that amount (5 mills x 10 years) will be assumed by the province, to a maximum of 85% of approved project costs, while lesser amounts are the responsiblity of the hospital.

The Cost Protection formula will be applied using the most current equalized assessment information available from the Local Government Board at the time of tender award.

Religious hospitals have no direct taxing authority to support capital projects. A new Cost Protection formula has therefore been designed for this group of hospitals. Eligibility for cost protection will occur when, after calculating the basic provincial funding, and after adding grants from federal or other provincial government agencies or crown corporations, the hospital's portion remaining exceeds $500,000. If the hospital's share exceeds $500,000, the province will share all costs over that amount on a 50%/50% basis.

Community health and social centres are eligible to receive construction funding assistance equal to 60% of the approved capital cost, up to a maximum of $27,000. These funds can be used for renovating an existing facility or for new construction.

Major Activities and Developments

- Construction commenced on the Wascana Rehabilitation Centre, Regina. A regeneration of the existing Wascana Hospital, this $50 million project will be carried out in a number of stages or phases over the next five years.
- Package 3 at Regina General Hospital, Regina, with an estimated value of $30 million is under construction. This major phase of construction is proceeding with completion scheduled for 1988. This package will provide diagnostic and treatment areas and inpatient nursing units.
- Work was completed on the Major Phase Package 3 at the Pasqua Hospital, Regina. This $22 million expansion provides diagnostic and treatment facilities in addition to inpatient nursing units.
- The Saskatoon Hospital Planning Council, representative of the boards, administration, and medical staffs of University, City and St. Paul's Hospitals continue to address issues common to all three hospitals in Saskatoon. A new 5 year major construction program is underway.
- Saskatoon University Hospital started construction of a $27.8 million two floor addition to the hospital as well as a new expanded psychiatric unit. As well a number of projects in the phased multimillion dollar renovation program in the original buildings of University Hospital were completed or underway. Included were microbiology lab, outpatients, haematology lab, office and elevator renovations as well as repairs to roof and windows.
- Saskatoon City Hospital received approval of their plan for a new $100 million hospital to replace the existing facility. The Hospital also completed renovations of the former nurses' residence to convert one floor into a new 25 bed psychiatric ward.

- St. Paul's Hospital, Saskatoon, began construction of a major expansion and renovation project at an estimated cost of $52.7 million.

- Melfort Union Hospital completed a 5,200 m^2 expansion and renovation of approximately 2,400 m^2 of the existing structure.

- Nipawin Union Hospital is nearing completion on a new 70 bed hospital.

- Yorkton Union Hospital is undergoing a major upgrading and expansion program. The first stage at $8,300,000 which began in 1983 is scheduled for completion in 1986.

- Major renovation projects were completed at:

  — Melville, St. Peter's Hospital

  — Moose Jaw Union Hospital

  — Regina General Hospital

  — Plains Health Centre, Regina

  — Pasqua Hospital, Regina, Allan Blair Memorial Clinic

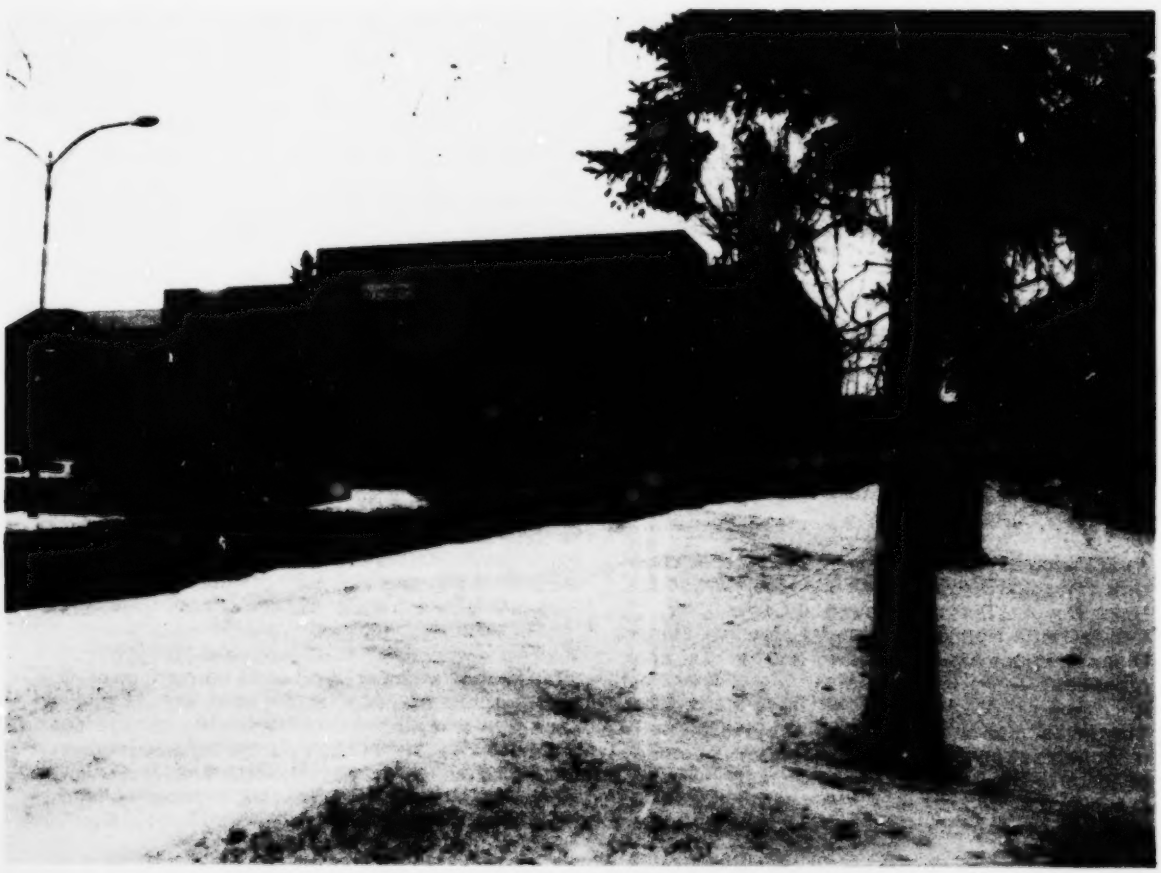
  — Pasqua Hospital, Regina

- Construction began on new hospitals at Lloydminster and at Maidstone and a new Cancer Clinic in Saskatoon.

- Planning, design work and/or construction was underway for integrated facilities at Dinsmore, Fillmore, Gainsborough, Goodsoil, Lampman, Lucky Lake, Mankota, Nokomis, Rabbit Lake and Rose Valley.

- Construction began on a new $700,000 Burn Treatment Unit at the Regina General Hospital.

- Planning and design work was well underway for three replacement hospitals, 25 beds at Watrous, 20 beds at Hudson Bay, and 12 beds at Watson. The estimated project costs are $4,359,000, $3,828,000 and $2,590,000 respectively.



Melfort Union Hospital Expanded Facilities

The Union Hospital Act

The Union Hospital Act enables neighbouring geographical areas which lack a sufficiently large tax base to finance expenditures on their own to join together in order that, collectively, they will have the financial means to maintain support of a local hospital. Areas taking formal action to organize in this manner become known as Union Hospital Districts.

Within each district, the participating municipalities appoint local representatives to the union hospital district board based on the equalized assessment of each municipality. In districts where substantial utilization of a hospital by Indians is a factor, the appointment of one or more Indians to the board may be approved by the Lieutenant Governor in Council.

Once the hospital district has been established, the Act enables the hospital board to either:

1. build and maintain a new hospital;

2. purchase, lease or take over by other means an existing hospital and maintain the operation of it; or

3. make grants to a hospital without owning it, in order to enable it to maintain a high standard of hospital care.

This third option exempts the participating municipalities of the district from making contributions under The Hospital Revenue Act, provided that the annual grants made are equal to, or greater than, the revenue which would have been derived from the hospital revenue tax had it been levied.

There are provisions in the Act for altering the composition of the district, dissolving a district or amalgamating two or more existing districts. Such changes are initiated at the local level but follow established procedures in keeping with requirements of the Act, under guidance of the Plan's personnel, who provide a counselling service to members of hospital boards and municipal councils for interpreting The Union Hospital Act and implementing its provisions.

As at March 31, 1986, there were 116 established Union Hospital Districts in the province. In 1985-86 Union Hospital Districts centred on Carrot River, Central Butte, Hodgeville, Imperial, Mankota, Milden, Nipawin, Prince Albert, Rosetown and Yorkton were redefined.

The Saskatchewan Hospital Services Plan pays all reasonable expenses incurred in the daily operation of hospitals. Hospitals are, however, responsible for providing the funds for such items as capital reserves, minor capital expenditures and operating deficits. In addition, when a hospital is involved in a renovation and/or new construction program, it is required to finance the difference between the total cost of the project and the amount available from provincial grants. In certain special circumstances, federal grants are also available for hospital construction projects.

The Hospital Revenue Act

The Hospital Revenue Act requires all municipalities or portions thereof, which are not subject to taxation for hospital support, to pay an annual hospital revenue tax, equivalent to two mills on their equalized assessment for the preceding year, to the Minister of Revenue and Financial Services. This tax has been levied since 1966. A discount of five per cent may be deducted if the tax is paid by December 31 of each year.

All money collected is disbursed to Saskatchewan hospitals prior to March 31 of the following year in accordance with a formula defined in the regulations under the Act.

The regulations incorporate the principle that all disbursements shall be related to the utilization of hospitals by the residents of the municipalities which are paying the tax. A weighting factor in determining utilization is used to offset inequities which handicap certain hospitals. Hospitals located in districts where the residents of the district are exempt under the Act by reason of their contribution to another hospital in the same district that has tax requisitioning authority, receive special recognition for the days of care provided to these residents. A few hospitals in the northern part of the province received special recognition for all days of care provided to residents.

A municipality or portion of a municipality, presently taxed under this Act, can become exempt by:

- joining a union hospital district where the board of the hospital district is operating a hospital for the provision of services to inpatients or where the board has entered into an agreement with a hospital or hospitals for a period of at least five years, whereby the board is required to make annual grants to the hospital at least equivalent to the amount that the municipalities in the hospital district would be required to pay to the Minister of Revenue and Financial Services under the Act; or

- entering into a five year agreement with one or more hospitals, or a hospital and a corporation or person operating a community health and social centre, whereby the municipality is required to make annual grants at least equivalent to the amount that the municipality would be required to pay to the Minister of Revenue and Financial Services under the Act.

Table II
Summary of Activity under
The Hospital Revenue Act

(Selected years 1966 to 1985)

Year	Number of municipalities subject to the tax	Amount received by Minister of Revenue, and Financial Services	Number of hospitals receiving payments
1966	219	$391,848	75
1975	113	234,098	50
1981	114	292,155	50
1982	111	305,242	44
1983	113	313,731	45
1984	116	311,606	44
1985	114	312,839	40

* See Appendix A-1 for details of grants to hospitals under The Hospital Revenue Act in 1985-86.

Federal-Provincial Fiscal Arrangement and Established Programs Financing Act

Commencing April 1, 1977, the financing of hospital insurance was transferred to the Federal-Provincial Fiscal Arrangement and Established Programs Financing Act, 1977 (Canada). Saskatchewan Health is responsible for administering the program under the Hospital Insurance and Diagnostic Services Act and Saskatchewan Finance is responsible for administering the cost sharing arrangements under the Established Programs financing Act.

Canadian Council on Hospital Accreditation

The Canadian Council on Hospital Accreditation is responsible for the operation of a voluntary program of hospital accreditation. The membership of the council is composed of representatives from national hospital, medical, and nursing associations.

Accreditation indicates that the hospitals' standards meet recognized requirements as applied to hospitals across Canada. Standards are outlined in The Accreditation Guide Book which is available from the executive offices of the council, located at 1815 Alta Vista Drive, Ottawa, Ontario K1G 3Y6.

The Plan does not require Saskatchewan hospitals to be accredited, although it does encourage hospitals to achieve accreditation status. When hospitals have been surveyed by the accreditation council the cost of each survey is recognized subject to the hospital sending a copy of the accreditation report to the Plan.

Accreditation status may be granted to hospitals for one, two or three year periods, following which a further survey is required to obtain re-accreditation.

The following table lists all Saskatchewan hospitals which were accredited or provisionally accredited as of March 31, 1986, that is 53 hospitals with a rated bed capacity of 5,685.

Table III
Accredited and Provisionally Accredited Hospitals in Saskatchewan
as at March 31, 1986

Assiniboia
Assiniboia Union Hospital

Balcarres
Balcarres Union Hospital

Biggar
Biggar Union Hospital

Birch Hills
Birch Hills Memorial Union Hospital

Broadview
Broadview Union Hospital

Cabri
Cabri Union Hospital

Canora
Canora Union Hospital

Central Butte
Central Butte Union Hospital

Cudworth
St. Michael's Hospital

Estevan
St. Joseph's Hospital

Eston
Eston Union Hospital

Fort Qu'Appelle
Fort Qu'Appelle Indian Hospital

Gravelbourg
St. Joseph's Hospital

Humboldt
St. Elizabeth's Hospital

Imperial
Imperial Union Hospital

Kamsack
Kamsack Union Hospital

Kerrobert
Kerrobert Union Hospital

Kindersley
Kindersley Union Hospital

Lestock
St. Joseph's Union Hospital

Lloydminster
Lloydminster Hospital

Table III — Continued
Accredited and Provisionally Accredited Hospitals in Saskatchewan
as at March 31, 1986

Lucky Lake
Lucky Lake Union Hospital

Macklin
St. Joseph's Hospital

Meadow Lake
Meadow Lake Union Hospital

Melfort
Melfort Union Hospital

Melville
St. Peter's Hospital

Moose Jaw
Moose Jaw Union Hospital
Providence Hospital

Moosomin
Moosomin Union Hospital
Moosomin-Whitewood Union Hospital

Neilburg
Neilburg & District Union Hospital

Nipawin
Nipawin Union Hospital

North Battleford
Battlefords Union Hospital

Preeceville
Preeceville Union Hospital

Prince Albert
Holy Family Hospital
Victoria Union Hospital

Radville
Radville Community Hospital

Regina
South Saskatchewan Hospital Centre
— Plains Health Centre
— Pasqua Hospital
— Wascana Hospital
Regina General Hospital

Rosthern
Rosthern Union Hospital

St. Walburg
St. Walburg Union Hospital

Saskatoon
St. Paul's Hospital (Grey Nuns') of Saskatoon
Saskatoon City Hospital
University Hospital

Shellbrook
Shellbrook Union Hospital

Swift Current
Swift Current Union Hospital

Tisdale
Tisdale Union Hospital

Turtleford
Riverside Memorial Union Hospital

Wakaw
Wakaw Union Hospital

Weyburn
Weyburn Union Hospital

Wilkie
Wilkie Union Hospital

Yorkton
Yorkton Union Hospital

Other Facilities and Programs

In addition to providing grants to hospitals for operating and capital expenditures, the Saskatchewan Hospital Services Plan also provides funds directly, or through grants to hospitals, to various other programs and activities. These programs are described in this section.

Saskatchewan Health-Care Association

Established in 1918, and formerly known as the Saskatchewan Hospital Association, the Saskatchewan Health-Care Association is the representative, non-profit body of health-care providers in Saskatchewan.

All organizations providing direct health-care services to the public are eligible for membership in the SHA, as are many organizations providing health-related services, and whose prime purpose is to improve health care, although they may not deal directly with the public.

The purpose of the Association is to enhance the comprehensive health system in the Province of Saskatchewan, by:

- bringing together all elements of the health system for discussion and concerted action;

- seeking to achieve, through co-ordination and integration, the highest quality service and most efficient use of resources possible;

- presenting the collective views of the membership to government, regulatory agencies, and other representative bodies;

- providing a complete range of services to members;

- encouraging participation in recognized accreditation and licencing processes;

- developing appropriate relationships with provincial and national associations having similar purposes and goals;

- keeping abreast of new developments in health care in other areas, and assessing their applicability in Saskatchewan.

SHA policies are established by a Board of Directors, members of which are elected or appointed from all parts of the province. These policies are then implemented by a staff of twenty-four.

The Association maintains liaison with Saskatchewan Health, as well as the College of Physicians and Surgeons, the College of Medicine, the Saskatchewan Registered Nurses' Association and other health-related agencies.

The SHA provides consulting services in the area of employee relations; the Employee Relations Department staff negotiate agreements on behalf of the membership, and recommend the negotiated agreements to members for their approval. This department also provides assistance in interpreting negotiated agreements, and represents members at hearings before the Labour Relations Board.

Through its Education Department, the SHA identifies the educational needs of its membership and promotes continuing education for both trustees and staff of member institutions. This department also assumes responsibility for providing career information and audio-visual materials as required in the field. Every fall, the Education Department presents its major event, the SHA's Education Conference and Annual General Meeting.

The Saskatchewan Health-Care Association provides centrally administered employee benefit programs: the SHA Pension Plan, the SHA Group Life Insurance Program, and the SHA Disability Income Plan.

The Association acts as a central paying agency for member hospitals participating in the computerized accounts payable program.

The Shared Systems Department provides members with direction regarding computer system development and operation, through a coordinated and rational approach utilizing expertise from all segments of the health field. Continuous monitoring and updating of computer activities is provided through the Systems Management Committee and the Shared Systems Committee, two standing committees of the SHA's Board of Directors.

The Group Purchasing Department provides a group purchasing and tendering system, to help member institutions contain escalating costs. Current programs include Supplies and Pharmaceuticals, Linen Replacement, and Capital Equipment.

The Association also administers, on behalf of Saskatchewan Health, the Extern Program, which gives third year medical students the opportunity to work in rural hospitals during the summer months.

Members are kept informed of all the above programs, as well as the SHA's many ad hoc activities, through the publication of a quarterly newsletter.

Membership in the Saskatchewan Health-Care Association during 1985 included 136 acute-care hospitals, 6 rehabilitation and extended care facilities, 97 special-care homes, 31 home care boards, 16 road ambulance boards, and 43 other agencies, associations and authorities.

Saskatchewan Cancer Foundation

The Saskatchewan Cancer Foundation, established in August 1979, obtains its legislative and regulatory authority from The Saskatchewan Cancer Foundation Act. The Foundation replaced the Commission which existed up until July 31, 1979. The Foundation maintains two outpatient clinics, the Allan Blair Memorial Clinic in Regina and the Saskatoon Cancer Clinic. The two clinics provide a means for consolidation and co-ordination of the cancer control program.

To be eligible for benefits under the cancer program, a patient must have been a resident of the province for three months and be admitted to a clinic. For landed immigrants and residents returning to Canada under special circumstances, this period is reduced to one day.

There is no charge to patients for diagnostic and treatment services received at the Cancer Clinics. In addition, the Saskatchewan Cancer Foundation pays for medical and surgical services provided by physicians in private practice, in-hospital drugs, and certain outpatient drugs used in the active treatment of cancer. Patients receiving cancer services outside the province are reimbursed at the same rates as if the service was provided in Saskatchewan. If a patient is referred out of the province by a Cancer Clinic for treatment not available in Saskatchewan, the Foundation pays the medical expenses incurred.

In 1982, the Foundation began operating a lodge for out-of-town cancer patients attending the Saskatoon Cancer Clinic.

In 1985, a similar lodge was opened in Regina for patients of the Allan Blair Clinic.

The Saskatchewan Hospital Services Plan administered an appropriation of $15,897,600 for cancer services in 1985-86. In addition, planning

continued on the construction of a new clinic in Saskatoon.

The Foundation publishes its own annual report. Copies are available from the Saskatchewan Cancer Foundation, Suite 400, 2631 28th Avenue, Regina, Saskatchewan S4S 6X3.

Canadian Red Cross Society

The Plan insures 100% of the technical costs of the blood transfusion services of the Canadian Red Cross Society and 80% of the donor recruitment costs of the centres operated in Regina and Saskatoon. The cost of blood fractionation products and the crossmatching service supplied to hospitals in Saskatchewan is also insured. Payments to the Society are shown under "Other Facilities" in Appendix A-1.

Saskatchewan Anti-Tuberculosis League

Acting under authority of The Tuberculosis Sanatoria and Hospitals Act, the Saskatchewan Anti-Tuberculosis League has been the agency responsible for the provision and co-ordination of anti-tuberculosis services in Saskatchewan since 1911.

The League continues its mandate pursuant to provisions of The Non-Profit Corporations Act as of June 30, 1981.

Over the years, the League has operated inpatient Sanatoria in Fort San, Saskatoon and Prince Albert, receiving most of its funding from a municipal levy. With the declining incidence of TB, the inpatient use of the last operational sanatorium was discontinued in 1978 as was the special municipal tax levy. Patients requiring hospitalization in Saskatchewan are now treated in the province's general hospitals and the League's treatment and control program is funded through the Saskatchewan Hospital Services Plan.

Through the following activities, the Saskatchewan Anti-TB League has retained its central role in the control and treatment of the disease:

— League physicians provide consultative services to physicians who have admitted patients with TB to general hospitals.

— League physicians provide services through daily clinics in Saskatoon and Regina as well as temporary clinics in other areas including Prince Albert and Fort San.

— The League conducts surveys as required and is responsible for the distribution of anti- TB drugs, as well as the maintenance of a Central Registry of TB cases and contacts.

In 1985, the League arranged for the transfer of administrative responsibility for its laboratory in Saskatoon to the University Hospital in anticipation of its physical relocation there.

In addition to its treatment activities, the League uses income generated from its Christmas Seal campaign and other sources to fund various preventive programs related to lung and other respiratory diseases.

An account of the payments made to the Anti-TB League in 1985-86 is contained in Appendix A-1. In addition, the League publishes its own annual report which is available from the Saskatchewan Anti-Tuberculosis League, Echo Valley Centre, Fort San, Saskatchewan S0G 1T0.

Community Clinics

Community clinics are consumer oriented health organizations operated by an elected board of directors representing the members of a community health association.

The board enters into agreements with general practitioners and specialists to provide medical services. It employs other professional people and all other personnel required to operate the community clinic and is also responsible for providing the necessary facilities and equipment.

Funding for both specialists and general practitioners is provided on the basis of salary grids. The average net payments by the Medical Care Insurance Commission to fee-for-service physicians in Saskatchewan are used in the calculation of these grids.

The types of services provided are determined by each individual community health association and include some or all of the following: diagnostic radiology, laboratory, physical therapy, occupational therapy, social services, nutrition counselling, minor surgery, community nursing, optometric and pharmaceutical services.

In 1985-86 community clinics were operating in Regina, Saskatoon, Prince Albert and Wynyard. The association in Prince Albert operates a satellite clinic at Canwood. Similarly, the Saskatoon Clinic provides health services through the Community Health and Social Centre in Delisle and through satellite clinics on Saskatoon's west side and in the Lawson Heights area.

A community health association continued to operate a clinic in Lloydminster in 1985-86.

The community clinics in Regina, Saskatoon, Prince Albert and Wynyard are funded on a line-by-line basis following a detailed budget review each year. Funds for physician services and optometrist services are reimbursed to SHSP by MCIC.

For a detailed account of payments made to community health associations in 1985-86 refer to Appendix A-2.

Community Health and Social Centres

A community based program of health and social services was initially developed in a number of small rural communities as an alternative to the institutional care provided by small general hospitals. The objective of the program is to provide a preventive and curative health and social program which is balanced and co-ordinated by bringing together the essential health and social services required on a day-to-day basis by people residing in rural communities.

A community health and social centre is a facility for the provision of community based, community co-ordinated services. Its programs are intended to place emphasis on the prevention of illness and the promotion of health. The centres are designed to provide primary medical care and other services as alternatives to institutional care where indicated.

The boards of the centres must interact with both Saskatchewan Health and Saskatchewan Social Services.

The basic components of a program are:

- outpatient diagnostic and treatment services based on a regular visiting physician service.
- an on-call nurse to provide 24-hour emergency service.
- public health services such as:
  - preventive health services
  - maternal and child health conferences
  - immunization
  - school health visiting
  - health education

In addition, the following are based in the health and social centres in some communities:

- a homemaker program
- a social activity program primarily for elderly people where one can be arranged
- other home care services (e.g. meals on wheels, handyman, etc.)

Eleven community health and social centres were in operation in Saskatchewan as of March 31, 1986. Of these, two are located in communities that opted to close their hospitals in favour of developing this type of community based health and social program.

Payments to community health and social centres are made semi-monthly and are based on an analysis of the yearly budget requests submitted by the individual facilities. Appendix A-2 shows a detailed account of payments to these facilities in 1985-86.

Private Practice Physical Therapy Facilities

The owners of private practice physical therapy facilities enter into contracts with the Minister of Health to provide physical therapy services to insured beneficiaries upon referral by a licensed physician. Payments are made to these facilities based on a negotiated cost per time unit of service rendered to insured beneficiaries.

During 1985-86 the Minister of Health had contracts with the owners of nine private practice physical therapy facilities in the province. The agreements provide for certain limits on the volume of insured services and for the continuance of a Professional Review Committee composed of two representatives from among the private practitioners, one representative from the Council of the Physical Therapists Association and one representative selected by the Minister of Health.

The primary purposes of this committee are to monitor standards of practice and review accounts. Appendix A-3 provides a detailed account of payments to these facilities in 1985-86.

Regional Hospital Laundries

Regional hospital laundries are located in Regina, Saskatoon, Prince Albert and Yorkton. In 1985-86 regional laundry and linen services were provided to 17 hospitals in the Regina area, 20 in the Saskatoon area, 22 in the Prince Albert area and 14 in the Yorkton area.

At the beginning of each fiscal year, the Plan approves a user rate based on estimated expenditures and estimated volumes of linen to be processed during the year. Client hospitals are charged a user fee per pound for laundry and linen services.

Through the work of the Central Laundry Co-ordinating Group, the regional laundries group purchased certain high volume linen items in order to take advantage of volume discounts. Non-user hospitals may order these items from a regional laundry and benefit from volume buying as well.

Construction of a new laundry facility in Yorkton commenced in July 1984 and it is scheduled to be completed in June, 1986.

In 1985-86 regional laundries processed approximately 21 million pounds of linen.

Grants in Assistance of Clinical Services Provided by the Medical Education System (Clinical Services Fund)

Certain service-related areas in the medical education system receive funding from the Clinical Services Fund.

The Clinical Services Fund provides for post-graduate education salaries (interns and residents), the service component of the salaries of certain faculty members of the College of Medicine, and some other service-related projects associated with medical education.

In 1985-86 salary support was provided for approximately 51 interns and 156 resident positions and approximately 60 faculty positions in pathology, diagnostic radiology, nuclear medicine, geriatric medicine, rehabilitation medicine, microbiology, neonatology, and certain other clinical specialty areas.

In addition to intern, resident and faculty salaries the Clinical Services Fund provided support in 1985-86 for fifth year medical student stipends, a summer employment program for third year medical students, education co-ordinators at Saskatoon City and St. Paul's Hospitals, and a grant to the College of Medicine's Division of Continuing Medical Education.

In 1985-86 the Clinical Services Fund disbursed $11,132,000:

Interns	$ 1,385,595
Residents	5,280,057
Faculty Salaries	4,204,476
Other Services — Related Projects	261,872
TOTAL	$11,132,000

Hospital Systems Study Group

The Hospital Systems Study Group (HSSG) is a non-profit company incorporated under The Non-Profit Corporations Act, 1978. Voting memberships are held by University Hospital, The South Saskatchewan Hospital Centre, The University of Saskatchewan, The University of Regina, The Saskatchewan Health-Care Association and Saskatchewan Health.

HSSG provides a variety of services in the health-care field in Saskatchewan including systems development, research, management services and data processing. The work done by HSSG reflects the continuing needs of users for better management and information systems and the rapidly changing field of systems technology.

Services provided by HSSG include:

- the Personnel/Payroll System serving 53 hospitals, 8 nursing homes and 3 other facilities.

- the Central Agency of Saskatchewan Hospital (CASH) program accounts payable system serving 26 hospitals, 2 community clinics and 2 nursing homes. By consolidating accounts payable through a central interest bearing bank account savings of over $1,084,000 have accrued to hospitals since 1973.

- the General Ledger system serves 23 hospitals, 2 community clinics and 2 nursing homes.

- the Employee Benefit Plan system is maintained and operated under contract to the Saskatchewan Health-Care Association.

A copy of HSSG's Annual Report may be obtained from the General Manager, Hospital Systems Study Group, 3337 8th Street E., Saskatoon, Saskatchewan S7H 4K1.

Osteopathic Services

Osteopathy is defined as the art and science of prevention, diagnosis and treatment of disease and injury which adds to generally accepted medical procedures, the use of manipulative methods to detect and correct maladjustments of, or affecting, the bones, muscles, blood vessels, nerves and other tissues. There are no schools of osteopathy in Canada. Graduates from recognized schools in the United States have at least three years of pre-medical education plus four years of training in medicine, including the speciality of osteopathy.

A Doctor of Osteopathy in Saskatchewan must enter into an agreement with the Minister of Health in order to be reimbursed by Saskatchewan Health for the services which he/she provides to beneficiaries. A statement of payments in 1985-86 is contained in Appendix A-3.

Student Health Clinic

The Student Health Clinic is operated by the College of Medicine at the University of Saskatchewan for the purpose of providing students and their families with readily accessible medical and health services which are designed to meet their special needs.

The budget of the Student Health Clinic is assessed and approved by the Saskatchewan Hospital Services Plan on a line-by-line basis, and includes salaries for the physicians and other staff. The approved budget for the 1985-86 year was $430,900. Monthly payments are processed through the University Hospital.

Saskatchewan Hospitalization Fund

Legislative and Regulatory Authority

The Saskatchewan Hospitalization Act establishes the Saskatchewan Hospitalization Fund from which payments are made to hospitals and other approved facilities for insured services received by beneficiaries, and for the administrative expenses incurred in the operation of the Plan.

Payments

Total Payments

The Plan is responsible for all reasonable costs incurred in the provision of health services to Saskatchewan residents. Total payments for the twelve months ending March 31, 1986, amounted to $487,628,588. Payments for the fiscal year 1983-84 and 1984-85 and 1985-86 are shown in Appendix D.

Hospitalization Payments

All reasonable costs incurred by Saskatchewan hospitals in providing insured services to Saskatchewan residents are paid by the Plan. During the twelve months ending March 31, 1986, payments totalling $403,370,256 were made to in-province hospitals for inpatient care. For other details see Appendix D. Payments to in-province hospitals for outpatient services amounted to $54,965,131 for the twelve months ending March 31, 1986.

During the year the Plan paid $5,297,380 to Saskatchewan hospitals for inpatient and outpatient care provided to residents of other provinces under reciprocal agreements with these provinces. These payments are invoiced to other provincial government authorities responsible for these non-residents who received hospital services in Saskatchewan. Of the total amount billed to the end of the fiscal year, a balance of $710,965.24 remains outstanding as at March 31, 1986.

In addition, payments to other approved facilities within the province amounted to $7,144,288.

Payments for insured services provided outside the province amounted to $18,739,051 for the twelve months ending March 31, 1986. Of this amount $17,126,090 was paid for inpatient services and $1,612,961 was paid for outpatient services.

Administration Expenses

During the twelve months ending March 31, 1986, it cost $4,439,029 to operate the Plan. There were 131 positions approved for the Plan as at March 31, 1986.

Revenue

The total revenue for the Saskatchewan Hospitalization Fund during the twelve months ending March 31, 1986 amounted to $488,123,220 which came from Consolidated Fund Appropriations.

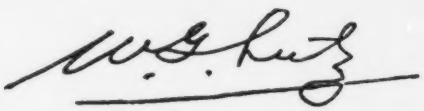
Auditor's Report

To the Members of the Legislative Assembly of the Province of Saskatchewan

I have examined the statement of receipts, payments and balance of fund and the supporting statement of general administration payments for the Saskatchewan Hospitalization Fund for the year ended March 31, 1986. My examination was made in accordance with generally accepted auditing standards, and accordingly included such tests and other procedures as I considered necessary in the circumstances.

In my opinion, these financial statements present fairly the financial position of the Fund as at March 31, 1986 and the results of its cash transactions and the changes in its financial position for the year then ended in accordance with the disclosed basis of accounting applied on a basis consistent with that of the preceding year.

Regina, Saskatchewan,
May 2, 1986.



W. G. Lutz, F.C.A.,
Provincial Auditor.

Statement 1

Saskatchewan Hospitalization Fund

Statement of Receipts, Payments and Balance of Fund
For the Year Ended March 31

	1986	1985
Receipts:		
Grants from Consolidated Fund — for Administration	$ 4,403,520	$ 4,445,930
— for Hospitalization	483,719,700	461,738,400
	488,123,220	466,184,330
Payments:		
Hospitalization —		
Hospitals within the Province (Note 4)	$ 458,335,387	$ 440,262,715
Hospitals outside the Province	18,471,138	16,374,565
Other approved facilities within the Province (Note 4)	7,144,288	6,710,145
Reimbursement to patients re:		
Out-of-Province Hospital Accounts	267,913	260,062
Less: Recoveries — Third-Party Liability	(1,392,371)	(1,287,624)
Total Hospitalization Payments — Saskatchewan residents	482,826,355	462,319,863
Hospitals within the Province — Reciprocal billings for non-province residents (net of recoveries) (Note 4)	363,204	(173,715)
Total Hospitalization Payments	483,189,559	462,146,148
General Administration —		
Salaries, Services and Gratuities	3,940,526	4,062,062
Travel, Sustenance and Vehicle Expense	108,140	105,610
Other	1,577,422	1,408,277
	5,626,088	5,575,949
Less: Recoveries for Services to Other Agencies	(1,187,059)	(1,231,879)
Total General Administration Payments (Statement 2)	4,439,029	4,344,070
	487,628,588	466,490,218
Excess/(deficit) of receipts over payments	494,632	(305,888)
Balance of Fund, beginning of year	754,943	1,060,831
Balance of Fund, end of year (Note 5)	$ 1,249,575	$ 754,943
Represented by: Cash	$ 1,249,575	$ 754,943

(See accompanying notes to the financial statements)

Statement 2

Saskatchewan Hospitalization Fund

Statement of General Administration Payments
For the Year Ended March 31

	1986	1985
Salaries, Services and Gratuities	$ 3,940,526	$ 4,062,062
Postage, Telephone and Telegraph	374,346	362,144
Consultant Fees	275,888	185,274
Computer Services	177,781	160,485
Equipment — Rentals	122,855	123,355
— Purchase of Accounting and Business Machines	18,440	15,985
— Repairs (including minor equipment purchases)	14,532	12,487
Stationery and Office Supplies	154,157	127,625
Travel, Sustenance and Vehicle Expense	108,140	105,610
Unemployment Insurance — Employer share	85,304	81,459
Public Employees' Superannuation Plan — Employer Contribution	83,018	74,394
Registration Service Fees	65,650	65,925
Programmer Analyst Services	54,400	60,125
Canada Pension Plan — Employer Contribution	47,085	42,673
Printing and Publishing Expenses	18,594	10,465
Miscellaneous Contractual Services	18,549	18,694
Workers' Compensation Board Assessment	15,420	19,745
Public Employees' Dental Plan — Employer Contribution	9,247	4,629
Registration fees	6,869	4,828
Disability Income Program — Employer Contribution	6,244	6,804
Public Announcements and Advertising	6,010	—
Association and Professional Dues	4,867	4,069
Legal Fees	4,643	12,618
Relocation Expenses	4,376	7,284
Miscellaneous	9,147	7,210
	5,626,088	5,575,949
Less: Recoveries for Services to Other Agencies	(1,187,059)	(1,231,879)
Total to Statement 1	$ 4,439,029	$ 4,344,070

(See accompanying notes to the financial statements)

Saskatchewan Hospitalization Fund

Notes to Financial Statements
March 31, 1986

1. **Accounting Policies**

(a) The accounts of the Fund are maintained on a cash basis whereby revenue is recorded when received and expenditures are charged to the accounts when payments are made.

(b) Fixed assets used in the administration of the Fund are included in expenditures when payment is made.

(c) Hospitals are financed by payments made throughout the year on the basis of reasonable cost of providing insured services. Final settlements are made in the subsequent fiscal period and reflected in that period.

2. **Authority**

The authority of The Saskatchewan Hospitalization Fund is set out in Section 15 of The Saskatchewan Hospitalization Act, Chapter S-23 R.S.S. 1978.

3. **Contingent Assets**

Under Section 26 of The Saskatchewan Hospitalization Act, Chapter S-23 R.S.S. 1978, the Saskatchewan Hospitalization Fund has the right to recover hospitalization expenses from third parties responsible for persons being hospitalized. Claims presently estimated as potential recoveries are $4,254,420. (1985 — $3,401,498).

4. **Agency Agreement**

As permitted under Section 6.1 and Section 7 of The Saskatchewan Hospitalization Act, Chapter S-23 R.S.S. 1978, the Saskatchewan Hospitalization Fund acted as agent for the Saskatchewan Medical Care Insurance Commission in regard to physician salaries in community clinics; the Department of Health, Continuing Care Branch in regard to Level 4 patients in general and rehabilitation hospitals; and governments of other provinces in regard to residents of other provinces. Payments stated are net of recoveries. These recoveries in the year under review were $3,952,072 (1985 — $4,438,045) from the Saskatchewan Medical Care Insurance Commission, $20,593,110 (1985 — $19,798,090) from the Department of Health, Continuing Care Branch, and $4,934,177 (1985 — $5,028,803) from the governments of other provinces.

5. **Balance of Fund**

The balance of the fund represents an accumulation of previous year's surpluses and deficits.

This accumulation is made up of the following:

Payments	Balance March 31, 1985	Current Receipts	Current Payments	Balance March 31, 1986
Hospitalization	$649,136	$483,719,700	$483,189,559	$1,179,277
Administration	105,807	4,403,520	4,439,029	70,298
	$754,943	$488,123,220	$487,628,588	$1,249,575

6. **Related Party Transactions**

In accordance with government accounting policy, costs which are not normally allocated between government departments, such as occupancy costs are not charged to the fund.

Appendices

Readers of this report are advised the statistical section that follows excludes utilization and diagnosis data, which has been provided in previous reports. A separate statistical supplement will be issued.

Appendix A **Payments to Hospitals and Other Facilities**

A-1 Payments to Hospital Facilities and Rated Bed Capacities, Saskatchewan, 1985-86.

A-2 Payments to Community Operated Outpatient Facilities, 1985-86.

A-3 Payments to Privately Operated Outpatient Facilities (Contract), 1985-86.

Appendix B **Provincial Contributions for Construction and Renovations, 1985-86**

Appendix C **Population Covered**

C-1 Age and Sex Distribution of Covered Population for Selected Years, 1947-85.

C-2 Distribution of Population by Age Group and Type of Residence, and Percentage Change: 1975, 1980, 1985.

Appendix D **Payments for Saskatchewan Beneficiaries at all Locations**

Saskatchewan Hospitalization Fund Payments for Years, 1983-84 to 1985-86.

Appendix E **Acts Administered by the Plan**

Appendix F **Glossary**

Appendix A
Payments to Hospitals and Other Facilities

Appendix A-1

Payments to Hospital Facilities and Rated Bed Capacities, Saskatchewan For the Fiscal Year Ended March 31, 1986

Type and Location of Hospital Facility		Rated Bed Capacity Mar. 31/86	Approved Daily Census Mar. 31/86	Payments for Operating Costs*	Provincial Contributions for Construction and Renovations	Payments Under Hospital Revenue Act
General and Rehabilitation Hospitals						
Arborfield Union		8	6.4	$ 328,249	$ –	$ –
Arcola, Brock Union		24	18.4	1,108,000	9,380	–
Assiniboia Union		42	23.0	1,562,823	–	2,114
Balcarres Union		29	20.6	1,232,305	–	–
Beechy Union		8	5.8	513,890	–	–
Bengough Union		16	9.4	538,935	–	–
Bienfait-Coalfields Union		12	7.0	357,164	–	–
Biggar Union		32	22.2	1,536,372	–	–
Big River Union		25	16.1	934,811	–	484
Birch Hills Memorial Union		15	10.2	700,938	11,145	–
Borden Union		10	8.0	422,067	–	–
Broadview Union		22	16.5	864,560	–	–
Cabri Union		20	8.0	582,572	–	–
Canora Union		50	36.5	2,528,658	–	–
Carrot River Union		18	14.5	884,597	–	–
Central Butte Union		30	18.7	1,161,889	–	–
Climax, Border Union		8	4.0	359,752	–	–
Coronach Union		12	6.2	573,852	–	–
Craik Community		8	5.0	404,952	–	495
Cudworth, St. Michael's		20	15.0	828,451	–	693
Cupar Union		17	8.8	612,216	8,635	–
Cut Knife Union		8	6.1	493,424	41,622	–
Davidson Union		17	13.9	770,236	–	–
Dinsmore Union		10	6.1	498,555	25,000	–
Dodsland Union		10	5.0	453,407	–	–
Eastend Union		13	6.5	532,880	–	–
Eatonia Union		12	5.9	505,176	10,000	–
Edam, Lady Minto Union		8	5.8	481,610	–	–
Elrose Union		7	5.0	457,614	–	–
Esterhazy, St. Anthony's		30	20.1	1,314,626	–	4,165
Estevan, St. Joseph's General	(1)	106	71.0	4,931,230	14,680	–
Eston Union		24	12.4	835,235	–	–
Fillmore Union		15	9.2	634,407	35,000	–
Foam Lake Union		18	15.4	801,528	10,000	–
Fort Qu'Appelle Indian	(A)	60	33.0	1,987,920	–	–
Gainsborough Union		14	7.6	465,085	–	–
Goodsoil Union		11	8.2	521,279	–	1,812
Gravelbourg, St. Joseph's		32	16.6	1,263,728	–	842
Grenfell Union		18	13.0	800,327	–	–
Gull Lake Union		16	6.2	533,331	100,000	–
Hafford Union		16	10.7	593,808	3,386	–
Herbert-Morse Union		19	10.0	611,842	–	479
Hudson Bay Union		18	13.3	880,697	208,350	–
Humboldt, St. Elizabeth's		81	53.6	4,414,998	8,577	3,111
Ile a la Crosse, St. Joseph's		46	17.7	1,352,321	6,000	5,975
Imperial Union		13	6.7	512,834	–	–
Indian Head Union		23	16.5	1,089,592	18,000	661
Invermay-Canora Union		11	6.4	523,520	–	–
Ituna Union		14	9.7	571,951	–	–

Appendix A-1 (Continued)

Payments to Hospital Facilities and Rated Bed Capacities, Saskatchewan
For the Fiscal Year Ended March 31, 1986

Type and Location of Hospital Facility		Rated Bed Capacity Mar. 31/86	Approved Daily Census Mar. 31/86	Payments for Operating Costs*	Provincial Contributions for Construction and Renovations	Payments Under Hospital Revenue Act
Kamsack Union		49	39.7	$ 2,573,798	$ 54,717	$ –
Kelvington Union		22	15.4	840,615	–	–
Kerrobert Union		30	16.5	1,122,068	99,455	–
Kincaid Union		9	6.3	475,252	–	–
Kindersley Union		55	34.8	2,066,427	–	–
Kinistino Union		16	11.3	693,436	17,885	–
Kipling Memorial Union		27	12.6	1,000,169	3,300	–
Kyle-White Bear Union		8	5.9	500,438	–	–
Lafleche Union		8	4.3	488,603	–	–
LaLoche, St. Martin's		12	8.8	735,192	–	3,113
Lampman Union		8	4.7	501,232	178,518	–
Langenburg Union		29	13.6	951,454	–	–
Lanigan Union		30	20.5	1,259,306	42,000	1,272
La Ronge		28	17.8	1,443,635	–	9,659
Leader Union		25	12.1	764,605	–	–
Leoville Union		11	5.7	481,607	–	–
Lestock, St. Joseph's Union		22	17.0	998,795	14,000	–
Lloydminster		92	61.1	2,451,240	1,050,886	–
Loon Lake Union		18	10.8	604,834	–	–
Lucky Lake Union		9	5.8	474,279	57,261	–
Macklin, St. Joseph's		25	12.5	747,657	–	–
Maidstone Union		19	16.4	910,114	985,000	–
Mankota Union		9	4.7	449,921	10,000	–
Maple Creek Union		44	22.3	1,288,843	–	–
Meadow Lake Union		52	38.0	2,648,324	53,200	–
Melfort Union		85	61.0	4,955,767	170,000	403
Melville, St. Peter's	(2)	81	63.4	4,173,688	27,652	2,110
Midale Union		8	5.0	529,467	–	–
Milden Union		10	5.4	494,304	32,126	–
Montmartre Union		11	9.9	509,941	–	–
Moose Jaw, Providence	(3)	134	113.1	7,868,208	148,510	15,837
Moose Jaw Union	(4)	254	175.5	13,653,640	51,089	2,147
Moosomin Union		50	43.6	2,725,322	–	937
Neilburg and District Union		11	7.8	518,512	–	–
Nipawin Union		62	52.8	3,612,435	4,287,924	–
Nokomis Union		10	6.4	506,102	72,090	–
Norquay-Canora Union		15	10.5	639,210	–	–
North Battleford, Battlefords Union	(5)	200	163.8	11,740,663	–	1,627
Outlook Union		22	18.7	914,384	17,066	–
Oxbow Union		21	12.8	729,644	12,483	–
Pangman Union		10	6.0	455,730	–	250
Paradise Hill Union		18	11.0	733,983	–	–
Ponteix Union		10	5.0	432,949	–	171
Porcupine-Carragana Union		20	13.0	791,400	–	–
Preeceville Union		29	21.5	1,332,537	92,401	–
Prince Albert, Holy Family	(6)	162	116.3	8,817,221	63,849	16,689
Prince Albert, Victoria Union	(7)	228	201.1	12,941,276	–	383
Rabbit Lake Union		10	6.0	404,021	67,084	–
Radville Community		18	11.8	809,320	–	150
Redvers Union		21	15.6	836,596	2,563	–
Regina General	(8)	489	437.9	50,838,288	2,715,000	14,011
Regina, South Saskatchewan Hospital Centre:						
– Pasqua Hospital	(9)	404	336.6	33,644,288	5,857,370	10,020
– Plains Health Centre		300	236.0	32,452,920	231,924	7,035
– Wascana Hospital	(B) (10)	215	195.5	11,128,765	2,882,340	–
Rockglen Union		7	4.5	487,536	–	1,480

Appendix A-1 (Continued)

Payments to Hospital Facilities and Rated Bed Capacities, Saskatchewan
For the Fiscal Year Ended March 31, 1986

Type and Location of Hospital Facility		Rated Bed Capacity Mar. 31/86	Approved Daily Census Mar. 31/86	Payments for Operating Costs*	Provincial Contributions for Construction and Renovations	Payments Under Hospital Revenue Act
Rosetown Union		34	26.8	$ 1,991,038	$ –	$ –
Rose Valley Union		16	11.0	699,130	112,595	179
Rosthern Union		42	29.5	1,676,627	–	–
St. Walburg Union		20	7.3	569,101	105,072	–
Saskatoon City	(11)	376	293.0	29,285,818	5,400,000	15,268
Saskatoon, St. Paul's		330	298.0	31,360,475	4,500,000	95,680
Saskatoon, University	(12)	546	457.0	73,829,874	2,000,000	84,596
Shaunavon Union		37	22.0	1,365,277	–	186
Shellbrook Union		30	21.5	1,234,853	3,982	849
Smeaton Union		11	6.3	505,326	–	–
Spalding Union		12	7.6	522,361	–	–
Spiritwood Union		20	16.9	905,588	17,000	–
Swift Current Union	(13)	164	120.4	10,111,512	28,535	2,796
Theodore Union		13	8.5	478,625	–	–
Tisdale Union		68	33.0	2,715,580	17,767	–
Turtleford, Riverside Memorial Union		26	18.0	1,141,369	–	–
Unity Union		28	18.4	1,130,241	–	–
Uranium City, Municipal		32	10.0	1,171,841	–	–
Vanguard Union		11	5.2	415,276	5,441	–
Wadena Union		42	18.6	1,349,857	–	–
Wakaw Union		26	22.5	1,211,027	–	1,701
Watrous Union		31	18.0	1,046,112	–	–
Watson Union		14	9.5	577,335	86,000	340
Wawota Memorial Union		13	10.6	555,997	–	–
Weyburn Union		101	67.3	5,001,159	32,802	800
Whitewood-Moosomin Union		10	7.1	538,134	–	–
Wilkie Union		31	19.9	1,088,556	16,142	–
Wolseley Memorial Union		19	14.5	887,332	–	–
Wynyard Union		21	18.5	1,078,967	–	–
Yorkton Union	(14)	313	245.2	15,875,473	967,196	2,319
Total (134 Hospitals)		7,105	5,340.1	$473,340,036	$33,100,000	$312,839

Appendix A-1 (Continued)

Payments to Hospital Facilities and Rated Bed Capacities, Saskatchewan
For the Fiscal Year Ended March 31, 1986

Type and Location of Hospital Facility	Rated Bed Capacity Mar. 31/86	Approved Daily Census Mar. 31/86	Payments for Operating Costs*	Provincial Contributions for Construction and Renovations	Payments Under Hospital Revenue Act
Other Facilities					
Canadian Red Cross Blood Depot — Regina and Saskatoon			$ 4,907,369	$ –	$ –
Saskatchewan Anti-Tuberculosis League — Fort San			681,092	–	–
Saskatchewan Cancer Foundation — Saskatoon Clinic			**	1,700,000	–
Total			$ 5,588,461	$ 1,700,000	$ –
			$478,928,497	$34,800,000	$321,839
Less: Recoveries from Saskatchewan Health — Continuing Care Branch re: Level 4 Patients			20,593,110	–	–
Grand totals			$458,335,387	$34,800,000	$312,839

(A) Owned and operated by Federal Government.
(B) Rehabilitation Hospital.
* Payments for operating costs may include deficit payments or surplus recoveries applicable to the previous year.
** Payments for operating costs are made by a separate Provincial Grant paid through Saskatchewan Health. In 1985-86 this grant amounted to $16,357,600.

(1) Includes – 12 Alcoholic Rehabilitation Beds.
(2) Includes – 10 Extended Care Beds.
(3) Includes – 42 Extended Care Beds.
(4) Includes – 24 Psychiatric Beds.
(5) Includes – 32 Psychiatric Beds.
(6) Includes – 15 Extended Care Beds.
(7) Includes – 60 Psychiatric Beds and 84 Extended Care Beds.
(8) Includes – 38 Psychiatric Beds and 25 Extended Care Beds.
(9) Includes – 22 Psychiatric Beds and 20 Extended Care Beds.
(10) Includes – 131 Extended Care Beds and 84 Rehabilitation Beds but excludes 54 Department of Veterans Affairs Beds.
(11) Includes – 16 Psychiatric Beds.
(12) Includes – 39 Psychiatric Beds, 15 Extended Care Beds, 18 Geriatric Assessment Beds and 22 Rehabilitation Beds.
(13) Includes – 14 Psychiatric Beds.
(14) Includes – 51 Psychiatric Beds and 60 Extended Care Beds.

Appendix A-2

Payments to Community Operated Outpatient Facilities For the Fiscal Year Ended March 31, 1986

Facility	Location	SHSP Insured Services Available	Method of Payment	Payments for Operating Costs	Provincial Contributions for Construction and Renovations
Community Clinics					
Lloydminster & District Community Health Services Association Limited	Lloydminster	Laboratory Radiology	Semi-monthly	$ 48,986	$ –
Prince Albert Co-operative Health Centre	Prince Albert	Outpatient Services	Semi-monthly	2,887,366	–
Community Health Services Association (Regina) Ltd.	Regina	Outpatient Services	Semi-monthly	1,216,526	–
Community Health Services (Saskatoon) Association Ltd.	Saskatoon	Outpatient Services	Semi-monthly	3,957,254	–
Community Health Services (Wynyard & District) Association	Wynyard	Outpatient Services	Semi-monthly	245,574	–
				$8,355,706	$ –
Less: Recoveries from Saskatchewan Medical Care Insurance Commission re: Physician Salaries				3,952,072	
				$4,403,634	$ –
Community Health and Social Centres					
Delisle Community Health and Social Centre	Delisle	Outpatient Services	Semi-monthly	$ 84,339	$ –
Hodgeville Community Health and Social Centre	Hodgeville	Outpatient Services	Semi-monthly	43,223	–
Leroy Community Health and Social Centre	Leroy	Outpatient Services	Semi-monthly	43,538	–
Maryfield Community Health and Social Centre	Maryfield	Outpatient Services	Semi-monthly	58,704	–
Mossbank Community Health and Social Centre	Mossbank	Outpatient Services	Semi-monthly	46,732	–
Neudorf Community Health and Social Centre	Neudorf	Outpatient Services	Semi-monthly	21,359	–
Quill Lake Community Health and Social Centre	Quill Lake	Outpatient Services	Semi-monthly	40,300	–
Raymore Community Health and Social Centre	Raymore	Outpatient Services	Semi-monthly	24,372	–
Strasbourg Community Health and Social Centre	Strasbourg	Outpatient Services	Semi-monthly	109,944	–
Willow Bunch Community Health and Social Centre	Willow Bunch	Outpatient Services	Semi-monthly	51,689	–
Zenon Park Community Health and Social Centre	Zenon Park	Outpatient Services	Semi-monthly	46,272	–
				$ 570,472	$ –
Totals				$4,974,106	$ –

Appendix A-3

Payments to Privately Operated Outpatient Facilities (Contract) For the Fiscal Year Ended March 31, 1986

Facility	Location	SHSP Insured Services Available	Method of Payment	Payments
G. Uhman, Manitou Clinic	Manitou Beach	Physical Therapy	Fee-for-Service	$ 13,150
K. Julian	Moose Jaw	Physical Therapy	Fee-for-Service	166,011
G. Beveridge	Regina	Physical Therapy	Fee-for-Service	551,123
A. Durkin	Regina	Physical Therapy	Fee-for-Service	189,919
Barbara Reid	Regina	Physical Therapy	Fee-for-Service	190,597
Dr. D. Tanner	Regina	Osteopathic	Fee-for-Service	24,046
J. T. Wasylenko	Regina	Physical Therapy	Fee-for-Service	271,926
Jane Welsh	Regina	Physical Therapy	Fee-for-Service	35,260
C. I. Porter	Rosetown	Physical Therapy	Fee-for-Service	36,910
J. Crawford	Saskatoon	Physical Therapy	Fee-for-Service	349,743
Smithwick's Physiotherapy	Saskatoon	Physical Therapy	Fee-for-Service	341,497
Total				$2,170,182

Appendix B
Provincial Contributions for Construction and Renovations, 1985-86

Hospital	Project	Status of Construction	Estimated Provincial Contribution	Payments from April 1/85 to March 31/86
Arcola, Brock Union	Paving Parking Lot	Underway	$ 18,380	$ 9,380
Birch Hills Union	Paving Parking Lot	Underway	12,645	11,145
Cabri Union	Install new hot water tank	Underway	7,758	–
Cupar Union	Site Development	Underway	18,635	8,635
Cut Knife Union	New 8 bed hospital	Completed	873,978	41,622
Dinsmore Union	Renovate existing Hospital (10 beds)	Underway	421,699	25,000
Eatonia Union	Install roof structure and flooring	Completed	40,250	10,000
Estevan, St. Joseph's General	Functional program	Underway	19,680	14,680
Fillmore Union	New 25 bed integrated facility	Underway	1,691,000	35,000
Foam Lake Union	Landscaping and paving	Underway	40,938	10,000
Gainsborough Union	New 22 bed integrated facility	Planning	712,191	–
Goodsoil Union	Renovate existing hospital (11 beds)	Planning	547,572	–
Gull Lake Union	Major renovations	Underway	569,741	100,000
Hafford Union	Replace boilers	Completed	17,036	3,386
Hafford Union	Renovations-replace roof	Planning	141,472	–
Hudson Bay Union	New 20 bed hospital	Underway	3,038,350	208,350
Humboldt, St. Elizabeth's	Replacement of walk-in freezer	Completed	8,577	8,577
Ile a la Crosse, St. Joseph's	Replace boilers	Completed	25,000	5,000
Imperial Union	Renovations	Underway	10,764	–
Indian Head Union	Extension and Renovation	Completed	76,699	18,000
Indian Head Union	Renovations fire safety	Planning	209,121	–
Kamsack Union	Mechanical renovations	Completed	16,217	14,717
Kamsack Union	Extension and renovations	Completed	79,533	40,000
Kelvington Union	Site development	Planning	15,000	–
Kerrobert Union	Extension and renovation	Underway	131,455	99,455
Kindersley Union	Renovations for new X-Ray Room	Planning	38,500	–
Kinistino Union	Replace floor covering	Underway	22,885	17,885
Kipling Memorial Union	Mechanical renovations	Underway	12,300	3,300
Lampman Union	Renovate existing hospital (6 beds)	Underway	318,518	178,518
Lanigan Union	Medical gas piping system	Completed	57,072	42,000
Lestock, St. Joseph's Union	Renovations, Administration and Sprinklers	Underway	18,550	14,000
Lloydminster	New 118 bed hospital (10,500m^2)	Underway	9,180,672	1,000,000
Lloydminster	Renovations for fire code deficiencies	Underway	59,886	50,886
Lucky Lake Union	Renovate existing hospital (9 beds)	Underway	227,261	57,261
Maidstone Union	New 25 bed hospital	Underway	3,595,425	985,000
Mankota Union	Renovate existing hospital (9 beds)	Underway	184,179	10,000
Meadow Lake Union	Renovations to Air Conditioning	Underway	68,200	30,000
Meadow Lake Union	Replace emergency generator	Underway	25,200	23,200
Melfort Union	Expansion (5,200m^2) and renovations	Completed	6,093,148	170,000
Melville, St. Peter's	Replace roof	Completed	78,085	18,317
Melville, St. Peter's	Boiler upgrading	Underway	12,335	9,335
Milden Union	Extension and renovation	Underway	132,126	32,126
Moose Jaw Union	A/C emergency and elevator renovations	Underway	151,089	51,089
Moose Jaw Providence	Mechanical and delivery entrance	Underway	198,510	148,510
Nipawin Union	New 70 bed hospital (5,835m^2)	Underway	7,881,658	4,267,924
Nokomis Union	Renovate existing hospital (10 beds)	Underway	183,090	72,090
Outlook Union	Replace roof and install sprinkler	Completed	91,596	17,066
Oxbow Union	Mechanical renovation	Completed	64,803	12,483
Pangman Union	Replace roof	Planning	35,340	–
Preeceville Union	Replace roofing	Underway	102,401	92,401
Prince Albert Holy Family	Renovations to heating	Completed	152,715	14,212
Prince Albert Holy Family	Hot water tank and water softener	Completed	75,307	18,307
Prince Albert Holy Family	Feasibility Study	Completed	27,268	6,968
Prince Albert Holy Family	Reroofing power house building	Completed	20,927	10,927
Prince Albert Holy Family	Radiology room renovations #1	Completed	17,396	4,000
Prince Albert Holy Family	Radiology Room #2	Completed	9,435	9,435
Prince Albert Victoria Union	New doctor's register	Planning	25,558	–
Rabbit Lake Union	Renovate existing hospital (10 beds)	Underway	102,084	67,084
Redvers Union	Various minor renovations	Completed	13,563	2,563
Regina General	Burns Unit	Underway	670,000	400,000
Regina General	Renovations to roof over OR	Underway	60,000	55,000
Regina General	Package 3, Phase 1 and 1A	Underway	1,909,621	909,621
Regina General	Renovations – DVA Wing	Underway	175,000	160,000
Regina General	Package 3, Phase 2	Underway	25,600,000	1,190,379
Pasqua Hospital	Upgrade Elevator #1	Completed	50,000	50,000
Pasqua Hospital	Renovations Psychiatric Unit	Completed	99,220	99,220
Pasqua Hospital	Package 3 and E. Centre Phase 2	Completed	26,559,839	5,500,000
Pasqua Hospital	Renovate former Obstet Unit for Paediatrics	Completed	60,000	60,000
Pasqua Hospital	Renovate surgical suite Level #2	Completed	148,150	148,150
Plains Health Centre	C.C.M.S. Study	Completed	77,056	27,000
Plains Health Centre	Electrical system repair	Completed	223,475	53,036
Plains Health Centre	Asbestos removal stage 1	Completed	51,888	51,888
Plains Health Centre	Fire exit ramp	Underway	26,956	–
Plains Health Centre	Asbestos removal stage 2	Underway	165,313	100,000
Rose Valley Union	Renovate existing hospital (16 beds)	Underway	262,595	112,595
St. Walburg Union	Renovations Phase 1 and 2	Underway	435,072	105,072
Saskatoon City	Psychiatric	Completed	1,885,363	1,103,963
Saskatoon City	Interim upgrading (85-88)	Underway	3,800,00	415,000
Saskatoon City	New hospital	Planning	90,800,000	700,000
Saskatoon St. Paul's	Major expansion	Underway	45,400,000	3,181,037

Appendix B (Continued)

Provincial Contributions for Construction and Renovations, 1985-86

Hospital	Project	Status of Construction	Estimated Provincial Contribution	Payments from April 1/85 to March 31/86
Saskatoon University	2 Floor addition	Underway	24,400,000	4,500,000
Saskatoon University	Psychiatric unit	Underway	2,500,000	1,000,000
Saskatoon University	Major renovations – Phase 2	Underway	4,500,000	1,000,000
Shellbrook Union	Renovations – Air Conditioning	Completed	25,882	3,982
Spiritwood Union	Renovations – replace roof	Completed	68,182	17,000
Swift Current Union	Feasibility study	Underway	38,035	28,535
Swift Current Union	Repair roof	Planning	19,304	–
Tisdale Union	Medical gas upgrade	Completed	39,770	17,767
Tisdale Union	Fire alarm upgrade	Planning	57,500	–
Vanguard Union	Mechanical renovations	Completed	27,191	5,441
Watrous Union	New 25 bed hospital (17 acute, 8 LTC)	Planning	3,424,000	–
Watson Union	New 12 bed hospital on new site	Planning	2,017,000	86,000
Weyburn Union	Role study	Completed	32,802	32,802
Wilkie Union	Mechanical renovations	Underway	22,142	16,142
Yorkton Union	Major expansion and renovations	Underway	5,912,538	941,568
Yorkton Union	Masonry restoration	Underway	33,628	25,628
Total			$279,598,295	$30,217,660
Rehabilitation and Extended Care Hospitals				
Wascana Hospital	Renovations – fire safety	Underway	$ 282,340	$ 182,340
Total			$ 282,340	$ 182,340
Other Facilities				
Wascana Hospital	New building and renovations	Underway	$ 32,128,153	$ 2,700,000
Saskatoon Cancer Clinic	New Cancer Clinic	Underway	16,125,801	1,700,000
Total			$ 48,253,954	$ 4,400,000
Grand Total			$328,134,589	$34,800,000

Appendix C
Population Covered

Appendix C-1
Age and Sex Distribution of Covered Population* for Selected Years 1947-1985

Year**	All Ages	Under 1	1-4	5-14	15-24	25-44	45-64	65+
				Both Sexes				
1947	780,445	20,071	64,106	143,349	139,668	213,985	144,699	54,567
1951	779,470	19,044	73,284	143,156	121,773	215,603	141,797	64,813
1956	831,074	22,011	81,432	165,668	116,737	221,200	147,222	76,804
1961	910,139	22,982	90,649	198,977	127,335	221,469	163,149	85,578
1966	951,434	19,501	88,576	213,951	151,738	210,633	178,198	88,837
1971	938,527	16,878	66,662	206,366	170,043	197,670	186,739	94,169
1976	949,463	16,061	62,886	178,091	189,661	211,564	187,812	103,388
1981	990,746	15,840	66,659	159,580	193,959	253,237	184,748	116,723
1982	1,000,667	16,160	67,645	159,951	190,428	263,058	183,940	119,485
1983	1,014,496	16,478	68,888	160,646	189,071	273,720	183,717	121,976
1984	1,028,965	16,778	70,424	161,599	187,274	285,059	183,335	124,496
1985	1,039,249	16,806	71,280	162,923	183,417	295,156	182,239	127,428
				Males				
1947	407,336	10,271	32,870	72,821	68,697	109,495	81,376	31,806
1951	404,262	9,798	37,567	73,153	59,964	108,384	77,895	37,501
1956	429,166	11,245	42,141	84,938	58,077	110,554	78,571	43,640
1961	468,881	11,918	46,860	102,389	63,940	110,883	85,475	47,416
1966	484,979	10,028	45,211	109,777	76,573	105,624	91,434	46,332
1971	473,600	8,597	34,252	105,394	85,560	98,622	93,877	47,298
1976	478,886	8,103	32,080	90,930	97,106	106,934	93,772	49,961
1981	498,641	8,199	34,126	81,605	99,029	129,112	92,102	54,468
1982	503,095	8,306	34,866	81,722	97,162	134,106	91,611	55,322
1983	509,862	8,283	35,527	82,009	96,562	139,947	91,488	56,046
1984	517,126	8,544	36,022	82,481	95,861	145,942	91,446	56,830
1985	522,283	8,705	36,371	83,204	93,920	151,283	91,018	57,782
				Females				
1947	373,109	9,800	31,236	70,528	70,971	104,490	63,323	22,761
1951	375,208	9,246	35,717	70,003	61,809	107,219	63,902	27,312
1956	401,908	10,766	39,291	80,730	58,660	110,646	68,651	33,164
1961	441,258	11,064	43,789	96,588	63,395	110,586	77,674	38,162
1966	466,455	9,473	43,365	104,174	75,165	105,009	86,764	42,505
1971	464,927	8,281	32,410	100,972	84,483	99,048	92,862	46,871
1976	470,577	7,958	30,806	87,161	92,555	104,630	94,040	53,427
1981	492,105	7,641	32,533	77,975	94,930	124,125	92,646	62,255
1982	497,572	7,854	32,779	78,229	93,266	128,952	92,329	64,163
1983	504,634	8,195	33,361	78,637	92,509	133,773	92,229	65,930
1984	511,839	8,234	34,402	79,118	91,413	139,117	91,889	67,666
1985	516,966	8,101	34,909	79,719	89 497	143,873	91,221	69,646

* A detailed "Covered Population Report" is published yearly and is available for a charge from S.H.S.P. "Covered Population" refers to all persons eligible to receive S.H.S.P. insured services. Caution should be exercised in using these figures as population estimates. They may not agree with Statistics Canada Census figures.

** The years prior to 1965 include all persons provided with any coverage between January 1 and August 31. The years since 1965 include all persons who were eligible at June 30.

Appendix C-2

Distribution of Population by Age Group and Type of Residence, and Percentage Change: 1975, 1980, 1985

Year*	Group	Total	Type of Residence				
			Cities	Towns	Villages	Rural	Reservations
1975	Total	931,921	416,598	150,006	82,291	244,303	38,723
	Under 1	14,611	6,825	2,151	1,355	3,019	1,261
	1-4	62,059	27,885	8,723	5,532	14,234	5,685
	5-14	180,918	75,621	25,920	15,275	51,761	12,341
	15-24	182,379	85,137	25,909	14,769	48,701	7,863
	25-44	202,937	101,563	28,794	15,808	49,603	7,169
	45-64	187,600	77,430	31,639	16,952	58,450	3,129
	65+	101,417	42,137	26,870	12,600	18,535	1,275
1980	Total	982,257	450,038	168,977	83,507	237,238	42,497
	Under 1	15,610	7,147	2,462	1,426	3,276	1,299
	1-4	65,901	28,451	10,503	6,104	15,398	5,445
	5-14	160,801	67,419	24,503	13,190	42,840	12,849
	15-24	196,380	94,262	29,440	15,089	47,856	9,733
	25-44	243,951	123,777	37,082	18,365	56,490	8,237
	45-64	185,640	80,768	32,859	15,527	53,004	3,482
	65+	113,974	48,214	32,128	13,806	18,374	1,452
1985	Total	1,039,249	506,461	172,475	79,622	231,233	49,458
	Under 1	16,806	8,072	2,493	1,443	3,297	1,501
	1-4	71,280	32,601	10,916	6,113	15,227	6,423
	5-14	162,923	71,431	24,645	12,638	41,034	13,175
	15-24	183,417	93,380	25,904	12,286	40,059	11,788
	25-44	295,156	159,268	43,079	19,787	62,043	10,979
	45-64	182,239	85,094	30,341	13,534	49,193	4,077
	65+	127,428	56,615	35,097	13,821	20,380	1,515
Percentage Changes: 1975-1985							
	Total	11.5	21.6	15.0	(3.2)	(5.4)	27.7
	Under 1	15.0	18.3	15.9	6.5	9.2	19.0
	1-4	14.9	16.9	25.1	10.5	7.0	13.0
	5-14	(9.1)	(5.5)	(4.9)	(17.3)	(15.7)	6.8
	15-24	0.6	9.7	0.0	(16.8)	(17.7)	49.9
	25-44	45.4	56.8	49.6	25.2	25.1	53.1
	45-64	(2.9)	9.9	(4.1)	(20.1)	(15.8)	30.3
	65+	25.7	34.4	30.6	9.7	10.0	18.8

( ) indicates a decrease
* includes all persons who were eligible at June 30

Appendix D
Payments for Saskatchewan Beneficiaries at all Locations

Saskatchewan Hospitalization Fund Payments for Years 1983-84 to 1985-86

Item	April 1/83 to Mar. 31/84	April 1/84 to Mar. 31/85	April 1/85 to Mar. 31/86
Total Payments	$443,296,409	$466,490,218	$487,628,588
Percent increase over Previous Year	7.56	5.23	4.53
Per Capita Cost*	$ 436.96	$ 453.36	$ 469.21
Total Hospital Payments	$438,766,927	$462,146,148	$483,189,559
Percent of Total Payments	98.98	99.07	99.09
Percent increase over Previous Year	7.65	5.33	4.55
Total Hospital Payments — Saskatchewan Residents	$438,492,182	$462,319,863	$482,826,355
Percent of Total Hospital Payments	99.94	100.04	99.92
Percent increase over Previous Year	7.52	5.43	4.44
Per Capita Cost*	$ 432.23	$ 449.31	$ 464.59
Total Inpatient Payments	$378,774,470	$403,265,707	$420,496,346
Percent of Total Hospital Payments — Saskatchewan Residents	86.38	87.23	87.09
Percent increase over Previous Year	6.37	6.46	4.27
Inpatient Payments — General Hospitals	$369,462,129	$393,773,677	$410,624,173
Percent of Total Hospital Payments — Saskatchewan Residents	84.26	85.17	85.05
Percent increase over Previous Year	6.46	6.58	4.28
Inpatient Payments — Rehabilitation and Extended Care Hospitals	$ 9,312,341	$ 9,492,030	$ 9,872,173
Percent of Total Hospital Payments — Saskatchewan Residents	2.12	2.06	2.04
Percent increase over Previous Year	2.92	1.93	4.00
Outpatient Payments†	$ 60,880,494	$ 60,341,780	$ 63,722,380
Percent of Total Hospital Payments — Saskatchewan Residents	13.88	13.05	13.20
Percent increase over Previous Year	15.71	(.88)	5.60
Recoveries — Third Party Liability	$ 1,162,782	$ 1,287,624	$ 1,392,371
Percent of Total Hospital Payments — Saskatchewan Residents	.26	.28	.29
Percent increase over Previous Year	30.32	10.74	8.13
Total Hospital Payments — Reciprocal Billings for Non-Saskatchewan Residents	$ 274,745	$ (173,715)	$ 363,204
Percent of Total Hospital Payments	.06	.04	.07
Total Administration Payments	$ 4,529,482	$ 4,344,070	$ 4,439,029
Percent of Total Payments	1.02	.93	.91
Percent increase over Previous Year	(.28)	(4.09)	2.20
Per Capita Cost*	$ 4.46	$ 4.22	$ 4.27

* Based on total covered population as shown in Appendix C-1.
† Includes Wascana Hospital which provides outpatient services.

Appendix E
Acts Administered by the Plan

The Hospital Revenue Act

This Act is designed to raise revenue for hospitals by providing the legislative authority required to levy a tax in areas of the province presently not contributing toward the support of a hospital. The revenue received annually under this Act is distributed among the hospitals in the province pursuant to the formula established by the regulations made under this Act. For additional information refer to page 18.

The Health Services Act

This Act provides the legislative authority necessary for the payment of hospital construction grants, the establishment of committees, and the appointment of consultants by the Minister of Health. Authority for the establishment of health regions, and the provision of health services through municipal schemes or other associations is also found in this Act.

The Saskatchewan Hospitalization Act

This Act provides the legislative authority required to register residents of the province and to provide payment to hospitals and certain other institutions for services rendered to residents of Saskatchewan. Payment for these services is made from The Saskatchewan Hospitalization Fund which is established under this Act. For additional information refer to page 7.

The Hospital Standards Act

This Act and regulations thereunder provides the legislative authority for the maintenance of minimum patient care standards and the inspection of hospitals. For additional information refer to page 15.

The Union Hospital Act

This Act provides the legislative authority for the municipalities and areas to unite in the establishment of union hospital districts. The Union hospital board of each district is authorized by the Act to construct or otherwise acquire and operate hospitals. Union hospital board activities are financed by the union hospital district. For additional information refer to page 18.

Appendix F
Glossary

Active Treatment Care or Acute Care. See Levels of Care: Level 6.

Adults and Children. All inpatients of hospitals except newborn.

Approved Average Daily Census. (See also average daily census). The average daily census approved by the Plan as reflecting the necessary bed need for a specific hospital. Payments to a hospital for operating purposes are based on this approved average daily census.

Approved Hospital. A hospital approved by the Minister of Health under The Hospital Standards Act.

Average Daily Census. The average number of inpatients during any given period of time. It is calculated by dividing the number of patient days (other than newborn) during the period by the number of calendar days in the period.

Average Days of Stay. The average number of days that inpatients stay in hospital. It is calculated by dividing the number of patient days for separations by the number of separations during a given period.

Base Hospital. A general hospital which serves as a district or community hospital for the local population. It provides a wider range of services than a regional hospital and therefore serves as an ultimate referral centre in the province. It also performs a major role in research and education.

Beneficiary. A person who is entitled to the benefits provided by the Plan.

Community Health and Social Centres. Community based facilities that provide a balanced, co-ordinated, preventive and curative health and social program bringing together essential health and social services that communities require on a day to day basis.

Community Clinics. Consumer oriented health organizations operated by an elected board of directors that provide a comprehensive health service, including medical services in one facility.

Covered Population. The total number of persons eligible for benefits.

District or Community Hospital. A general hospital that serves the population of the local area. It provides a smaller range of services than a regional hospital.

Extended (Chronic) Care. See Levels of Care: Level 4.

Federal Hospital. A general hospital owned and operated by the government of Canada and for which part of the operating costs are paid by the Plan.

General Hospital. A hospital which provides facilities for the diagnosis and treatment of a wide range of diseases and disabilities.

Inpatient. A patient who is admitted to a hospital for the purpose of receiving diagnostic or treatment services in the hospital and to whom a bed or bassinet is allocated.

Insured Population. Total number of persons eligible for benefits.

Levels of Care

Level 1 — **Supervisory Care.** This level of care may be provided in a room and board situation for persons who, in addition to full maintenance and laundry service, required some guidance or supervision with activities of daily living. Staff time for care averages 20 minutes per day. Level 1 care is not a benefit under the Plan.

Level 2 — **Personal Care.** Persons requiring this level of care may need supervision and assistance with personal hygiene and grooming. They must be safely ambulant with or without mechanical aids or independent at the wheel chair level, are usually continent and able to feed themselves. Some supervision and direction may be required for behavioral problems. Staff time for care averages 45 minutes per day. Level 2 care is not a benefit under the Plan.

Level 3 — **Basic Nursing Care.** This level of care is usually associated with persons having an advanced physical or mental illness that is reasonably stabilized and which is not expected to deteriorate in the near future. All degrees of supervision and assistance may be needed in the activities of daily living supplemented by basic nursing care. Care at this level is directed by the attending physician and carried out under the supervision of an R.N. or R.P.N. Staff time for care averages 2 hours per day. Level 3 care is not a benefit under the Plan.

Level 4 — **Extended Care.** This level of care does not require acute hospital care and treatment but does require regular and continuous medical attention. Highly skilled technical and nursing personnel must be available under appropriate supervision on a 24-hour basis. Level 4 care is not a benefit under the Plan.

Level 5 — **Rehabilitation Care.** This level of care is provided to persons with physical disabilities resulting from injuries, illnesses, or congenital

conditions who require active, aggressive rehabilitation provided by a team of rehabilitation personnel under the direction of or by consultation with a specialist in physical medicine. It is designed to restore or improve functional ability. This level of coverage is an insured benefit under the Plan.

Level 6 — **Acute Care.** This type of care involves 24-hour medical/nursing supervision for diagnosis and treatment and is provided in general hospitals. This type of care is a benefit under the Plan.

Newborn. An infant live born in the hospital, or admitted with the mother who was admitted for maternity service, for the period of its continuous stay in the hospital.

Other Facility. An approved facility other than a general hospital that provides one or more insured services.

Outpatient. A person other than an inpatient who received diagnostic or therapeutic services from a hospital or other facility.

Patient-Day. The period of service to an inpatient between the census-taking hours on two successive days; the day of admission is a patient day, but the day of separation is not a patient day. When the patient is admitted and separated on the same day, one patient day is counted. The statistical tables contain patient days attributable only to those patients who have separated.

Rate of Payment. The amount the Plan pays a hospital for standard ward level care and outpatient services, which the hospital provides to the Plan's beneficiaries (paid in equal semi-monthly instalments).

Rated Bed Capacity. The maximum number of beds which according to the Minister of Health should be set up in the hospital.

Regional Hospital. A general hospital which serves as a district or community hospital for the local population. It provides a wider range of services than a district or community hospital and therefore serves as a referral hospital for persons outside its local area.

Rehabilitation and Extended Care Hospital. A hospital which provides facilities for the treatment, recovery and rehabilitative care of patients disabled by illness or injury, or for the prolonged treatment of patients with chronic or long-term conditions.

Separation. The discharge or death of an inpatient.